Holiday Club Registration Form





Child's Details								500.0000000000
First Name			Surname					
Date of Birth			Age					
Address								
Medical info/Allergies								
School Attending								
Parent/Carer Details			Additional Eme	rgency C	ontact Deta	ils		
Name			Name					
Contact Number			Contact Numbe	r				
Relationship to Child			Relationship					
Email Address			Email Address					
Days Attending - £12 per	r day or £40 for	full week	<u> </u>					
April	Please tick	Amount	April	Г	Please tick	_	Amoun	t
Tuesday 6 th		£	Tuesday 13 th	_		£		
Wednesday 7 th		£	Wednesday	14 th		£		
Thursday 8 th		£	Thursday 15 ^t	th		£		
Friday 9 th		£	Friday 16 th			£		
Full Week		£	Full Week			£		
				To	tal Amou	nt £		
Please tick the following	:				_		_	
Will your child be collected after each session?					Yes		No	
If NO, we are not respon	nsible for your ch	nild when the sess	sion has finished					
Do you give consent for	the following:				F		r	
Emergency First Aid Treatment					Yes		No	
Photography					Yes		No	
Photographs to be used for promotional purposes/social media/website					Yes		No	
	wish to receive nd offers.	other Gainsborou	igh Trinity Foundati	on and/o	or Gainsbord	ough Tr	inity F(2
Signed				Date				

Please see our website for our Data Protection and Privacy Policy