



Tick if EYFS child

**Contract and Booking Form**  
**Mrs Adeela Kiran Tamiur BA (Hons)**  
**0777-570-5874**

**Personal Information**

Full Name of Child: .....Date of birth: .....

Name(s) of parent(S)/Guardian(s): .....

Address: Home: ..... Work: .....

.....

.....

Tel.No: Home: ..... Work: .....

.....

**Emergency arrangements if you are unavailable:**

1. Full Name .....Tel No.: .....

Relationship to pupil .....

Address : .....

.....

2. Full Name .....Tel No.: .....

Relationship to pupil .....

Address : .....

.....

National Health No:.....

Signature ..... Date .....

**Medical Information**

Please tick 'Yes' or 'No' to all questions. When you answer 'Yes' please give full details in the box.

Does your child suffer from any of the following?

1. Asthma or Bronchitis 2

Yes  No

2. Heart condition or chest complaint

Yes  No

Details: .....Details: .....

3. Fits, Fainting or Black-Outs

Yes  No

4. Severe Headaches (Migraine etc)

Yes  No

Details: .....Details: .....

5. Diabetes

Yes  No

6. Allergies to any known drugs or medication

Yes  No



Tick if EYFS child

Details: ..... Details: .....

7. Any other allergies e.g material, food, insect bites, 8. Other illness or disability

hay fever etc.

Yes  No

Yes  No

Details: ..... Details: .....

9. Any recent contact with contagious diseases in the and infections

10. Has your child received vaccination against Tetanuse in the last 5 years?

Yes  No

Yes  No

Details: ..... Details: .....

11. Is your child receiving medical treatment of any kind from your family doctor or Hospital?

12. Has your child been given any specific medical either advice to follow in emergencies

Yes  No

Yes  No

Details: ..... Details: .....

13. Are there any other medical or dietary facts of which we need to be aware?

14. Does your child suffer from travel sickness?

Yes  No

Yes  No

Details: ..... Details: .....

Please delete where not applicable

\*I consent / do not consent to any emergency medical treatment necessary during the course of the visit.

\*I consent / do not consent to my son/daughter being given paracetamol as a painkiller, if considered necessary by the party leader.

If during the visit, my child needs any medication I will hand it to the party leader on the day of leaving. I shall ensure that it is labelled with: My child's name, the name of medicine, the dosage and frequency required.

Below are the booking details for our School Club, please could you tick the relevant boxes and answer the questions as appropriate.

1. When would you be interested to use our club?

September 20  Immediately  Other.....

2. How many children (ages 4 to 11) would you need places for?

3. What are the ages of the children?

4. On what days would you require a regular space at the Afterschool club?

Monday  Tuesday  Wednesday  Thursday  Friday  (please tick)

To reserve and confirm your place a £10.00 non-refundable deposit for each child is required, this is also used to cover administration fees. Please put this in an envelope addressed to MRS A KIRAN We have a LIMITED NUMBER of places so please could you return this form with the deposit to your school reception ASAP. Along with the Parental agreement form read and signed and walking procedure by you and your child/ren. You will receive a call to confirm shortly after.

Signature ..... Date .....