



ST PATRICK'S CATHOLIC PRIMARY SCHOOL

CONFIDENTIAL FORM FOR THE HOLIDAY CLUB

NAME OF CHILD _____ DATE OF BIRTH _____

PARENTS NAME _____

ADDRESS _____

EMERGENCY TELEPHONE NO. _____

MOBILE NUMBERS _____

2ND EMERGENCY TELEPHONE NO.) _____

(PLEASE NOTE THESE NUMBERS MUST BE AVAILABLE DURING YOUR CHILD'S STAY IN THE HOLIDAY CLUB)

MEDICAL INFORMATION:

ASTHMA SUFFERER: MEDICATION:

Please state clearly the dosage and when the medication should be taken.



MEDICAL ALLERGIES :

Please state clearly the allergy and medication to be taken

SPECIAL DIETARY NEEDS

Please state clearly and concisely the special requirements

FOOD ALLERGIES

Name of People
With authority to collect
my child

Please note if someone comes to collect your child who is NOT on this list we will not allow them to go. We will only let your child go with another adult other than yourself if they are on this list.

Signed _____ PARENT/CARER

Please print name _____ PARENT/CARER





**St Patrick's Catholic Primary School
Holiday Club Booking Form**

Child's Name: Class:

Holiday School Club starts at 8am and runs until 6pm
Fees per session: £26.00 (first child), £20.00 (siblings)

(Please tick the sessions that you require below)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

Fees must be paid in advance.

Signed: Date:
(person with parental responsibility)

