



Enrolment Form for Summer Club

Child Information:

First Name:

Middle Name:

Surname:

Preferred Name:

Gender (Optional):

Date of Birth:

Address:

Postcode:

Password for collection:

Languages spoken at home:

Days Requested (please tick):

Week 1:

- ☐ Monday 21st July
- ☐ Tuesday 22nd July
- ☐ Wednesday 23rd July
- ☐ Thursday 24th July
- ☐ Friday 25th July
- ☐ **All week block booking**

Week 2:

- ☐ Monday 28th July
- ☐ Tuesday 29th July
- ☐ Wednesday 30th July
- ☐ Thursday 31st July
- ☐ Friday 1st August
- ☐ **All week block booking**

Dietary Information:

Dietary Preference (Please circle):

No Preference Pescatarian Vegetarian Vegan Other

Allergy (Please circle):

Yes No

Intolerance (Please circle):

Yes No

If **Yes** please give details and request a **Health Care Plan** from Little Oaks

Does your child have permission to eat foods with traces of nuts?

Yes No

Parent Information:

Parent 1

Title: First Name:

Surname:

Relationship to child:

Parental Responsibility
(Please circle)

Yes No

Occupation:

Email Address:

Phone Number:

Is your address the
same as above?

Yes No

If No, please fill in your
address:

Parent 2

Title: First Name:

Surname:

Relationship to child:

Parental Responsibility
(Please circle)

Yes No

Occupation:

Email Address:

Phone Number:

Is your address the
same as above?

Yes No

If No, please fill in your
address:

I give permission for my child to be in: (Please tick)

Photos used for display boards around nursery ☐

Photos/videos used for Social Media ☐

Photos used for sharing on other marketing channels ☐

To go on external outings (walks in local area) ☐

For Calpol to be given ☐

For adhesive dressings to be applied ☐

For generic suncream to be applied ☐

For nappy cream to be applied (if appropriate) ☐

For facepaint ☐

Is there anything else you would like to share about your child?