HADLEIGH COMMUNITY PRIMARY SCHOOL

Extended Schools - Early Birds & Owls Registration Form

Child's Name	Current class
Address	
	e of Birth Sex
Parents' names:	
Mother's Place of Work:	Father's Place of Work:
	Work Tel: No:
Mothers Mobile No:	Fathers Mobile No:
Any known medical issues (asthma, epilepsy etc.)?	
	tact?
Any known allergies?	
On which day(s) will your child attend the Clu	ıb?
When would you like your child to start the C	lub?
I understand that the Management Group reserveceived after 12 noon on a Monday for the we	rve the right to withhold refunds where notice is eek ahead.
Signed	(Parent/Guardian) Date
By signing this, I also confirm I agree to the T document and I agree for this information to b	
Please return this form to the school office.	

We will only contact you if spaces requested are unavailable.