



## ENROLMENT FORM

Name of child \_\_\_\_\_ Sex M/f \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Post Code \_\_\_\_\_ Tel \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Carer \_\_\_\_\_

Does this parent have Parental Responsibility Yes / No

Work Address \_\_\_\_\_

Tel \_\_\_\_\_ Mobile No \_\_\_\_\_

Parent/Carer \_\_\_\_\_

Does this parent have Parental Responsibility Yes / No

Work Address \_\_\_\_\_

Tel \_\_\_\_\_ Mobile No \_\_\_\_\_

**Emergency contact other than that above:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

People authorised to collect your child: \_\_\_\_\_

Name of GP \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Details of any health problems \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you agree with the staff at the zone administering minor medicines when absolutely necessary (e.g. Calpol, Arnica Cream etc)? Yes/No\_\_\_\_\_

Please give details of the sessions you would prefer:

	Mon	Tue	Wed	Thur	Fri
Breakfast Club					
After School Club					
ALL DAY in School Holidays					

Preferred start date is\_\_\_\_\_

On after school collections, if the weather is wet or raining, **JUNIORS** (year 3 and up) are asked to come straight up to K2, using Pre-school's entrance in the small playground. This avoids the children who are first out of school waiting in the rain for the children who are last out.

All infants are collected in the school by a member of staff.

The staff at the Zone has my permission to seek medical attention for my child if they consider it necessary.

My child **may/may not** be taken on outings from the zone at the discretion of Mrs Sheona Cunniff or her deputy.

My child's photo **may/may not** be used on the website and on our facebook page.

I wish to apply for admission of the above named child to K2 ZONE.

I have read all the above and fully agree to comply with the regulations of the facility.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Entered of CP •

Vis •

D Pd •

St da •