



Holiday Club – External Pupil			
Child's full name			Gender
Child's date of birth			Current age
Child's current school			
Main contact	Full name		
	Relationship		
	Mobile		Other number
	Email		
	Address		
Second contact/ Emergency contact	Full name		
	Relationship		
	Mobile		Other number
	Email		
	Address		
Medical Needs <i>Please let us know of any medical needs your child has and medication they may need to take</i>			
Dietary <i>Please let us know of any dietary requirements your child has</i>			
SEND <i>Please let us know if your child has any special educational needs or disabilities</i>			
Behaviour <i>Please let us know if your child has any behavioural problems</i>			
Any other information <i>Please let us know any other information you feel would be required or beneficial for us to know</i>			
Thank you			