



# CHILDRENS SATURDAY SCHOOL APPLICATION FORM

Name of Child:.....D.O.B:.....Age Now:.....

Name of Parent/Carer:.....

Address:.....

Tel No:.....Mobile:.....

Email Address:.....

Emergency contact name:.....

Address:.....

Tel

No:.....Mobile:.....

Relationship to Child:.....

Special dietary conditions:.....

Special Medical condition including medication being taken:

Primary/Secondary School

Attending:.....

What are the reasons that you or child would like to attend First Fruits?

Is your child allowed outside at break time?.....

Arrangements for collection:.....

Signature of Parent/Carer:.....Date:.....

Registration No:.....Lessons

Agreed:.....

