



SUMMER SCHEME 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:.....
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Special Medical condition including medication being taken:
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.....

Other information you would like us to know.
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Primary/Secondary School Attending:.....
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.....

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

Arrangements for collection:.....

