



INDIAN QUEENS COMMUNITY PRIMARY SCHOOL

Twilight Club Registration

Name of child		Registration No. (school use only)	
Class		Date of Registration (school use only)	
Address		Home Tel. No.	
Medical conditions <i>(eg allergies, asthma etc)</i>			
Food intolerances Please indicate if your child has any food intolerances ie food they do not like/ does not agree with them			
Contact Details (please give below the names and contact nos. of persons we can contact in the event of an emergency between the end of the school day and 4.30pm) <i>(It is essential that you keep us informed of any changes to these)</i>			
Name of contact	Parent/Guardian/Other <i>(eg childminder)</i>	Contact Tel. No.	Additional Tel. No.
1.			
2.			
3.			

I confirm that I (or a person nominated on my behalf) will collect my child when the session ends at 4.30pm and that, should he/she not be collected at this time I will agree to pay £10.00 for the first 25 minutes after which the charge increases to £20.00. Should this situation occur on more than two occasions, the school will reserve the right to refuse further bookings.

Signed
Parent/Guardian/Carer

Print name.....