

If you would like your child to attend our

'SATURDAY CLUBS'

fill in this form and send to:

The Kimberley School

Child's Name

Child's SchoolAge.....

Parent/Carer Name.....

Home Address

.....

Home Tel. Number

Mobile Number

Parent/Carer Signature Date.....

Please tick the class your child is interested in:

DRAMA 5 – 8 YEARS 10.00 am – 12 midday

ARTS AND CRAFTS 9 – 16 YEARS 10 .00 am – 12 midday

Dates of sessions: 28th Feb, 7th March, 14th March, 21st March, 28th March, 4th April.

***Please Note: Spaces are limited, we will therefore
operate on a first come first served basis.***

**Please return this form enclosing a
cheque for £12.00 made payable to
The Kimberley School .**

If you are applying for more than one place please send
one cheque for the whole amount, with a form for each
child. Thank you.

**To: Jane Lyons
The Kimberley School
Newdigate Street
Kimberley
NG16 2NJ
Tel: 9387000 Ext: 246**

***If your application for 'Saturday Clubs' is successful your place will be confirmed in
writing and a registration form will be sent to you. This must be returned to
The Kimberley School before the start of the session. If 'Saturday Clubs' is
oversubscribed and your child is unsuccessful in gaining a place, the school will return
your cheque.***

The Kimberley School

Registration Form

All children who attend the project must be registered. (One Registration Form per child).

Please contact Jane Lyons if you have any queries about the form or need help filling it in.

All records are kept in a safe place and no parent or member of the general public will be given access to records other than those of their own child.

Personal Information

Child's full name: D.O.B:

Name by which the child likes to be known:

Address:

..... Home telephone number:

Parents'/Carer's full names - Mother:

- Father:

Telephone Contact Information

(Please enter telephone numbers of parents/carers)

	Daytime:	Evening:	Mobile:
1 st Parent/Carer

Relationship? (e.g. Mother/Father/Grandmother etc)

2 nd Parent/Carer
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Relationship? (e.g. Mother/Father/Grandmother etc)

School Information

Name of school child attends:

Address:

School telephone number:

Child's Form teacher: Child's Year :

Emergency Contact Information

Please give the name and telephone number of 2 persons who we may contact should we not be able to contact you in an emergency:

1st Contact: Telephone No:

2nd Contact: Telephone No:

Permission to appear in School Publicity

Please tick below to give permission for your son/daughter to appear in School photos to be used in various media including school website, intranet, newsletter, promotional literature and displays.

YES NO

Health Information & Medical Consent Declaration

Child's dietary requirements: food to be excluded from diet, known food allergies etc:

.....
.....

Any known medical problems or needs (including allergies). Also state any medication required:

.....
.....

Name of child's doctor:

Address of child's doctor:

Telephone number of child's doctor:

In an emergency, I consent to medical treatment provided that in the opinion of a qualified Doctor any delay required to obtain my signature and permission may endanger my child's health and safety.

Signature (parent):

Unaccompanied Pick-up and Drop-off Declaration

Some children may be allowed to attend the project unaccompanied. If you would like your child to attend the Saturday School unaccompanied (to and from the project) by an adult/carer please sign the declaration below:

I give permission for my child (Name):to attend The Kimberley 'Saturday Clubs' unaccompanied by a parent or carer.

Signed: Date:

If you do want your child to be accompanied by an adult or responsible person please complete the following information:

Collection Information

Please give the full names of all persons authorised to collect your child from the project other than yourselves. Also state each person's relationship to your child (e.g. brother, sister, mum's friend etc.).

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Final Declaration

The above information is correct to date. I understand that it is my responsibility to inform the 'Saturday Clubs' staff of the following:

If my child is unable to attend the project on any Saturday. **Please telephone The Kimberley School prior to the Saturday in question. Tel: 9387000**

If any of the above information changes whilst my child is attending 'Saturday Clubs'.

Name (print): Signature:

Date:

The Kimberley Family of Schools'

'Saturday Clubs'

Date:

Dear Parent / Carer

Thank you for registering your child/ren for 'Saturday Clubs'.

Your application has been successful for:

Arts and Crafts Name of child/ren:

.....

Drama Name of child/ren:

.....

Enclosed is a receipt for your cheque for the value of: £

Enclosed is the registration form/s for your child/ren. Please fill in separate forms for each child if you have more than one attending. Please return the completed form/s to me at school as soon as possible.

The sessions will start on February 28th and run to 4th April 2009 in The Kimberley School. If your child is going to the Arts and Crafts session please go to the Community Room entrance, which is on the road leading to the Leisure Centre, opposite the caretaker's bungalow. For the Drama Club please go to the Leisure Centre car park, at the far end is the entrance to the Arts Building.

If you have any problems or queries, please contact me at The Kimberley School.

Yours faithfully

Jane Lyons

Extended Services Coordinator for The Family of Schools
Telephone: 9387000 ext 246
Email: lyonsj@kimberleyschool.co.uk