



# INDIAN QUEENS COMMUNITY PRIMARY SCHOOL

## Twilight Club Registration

<b>Name of child</b>		<b>Registration No.</b> (school use only)	
<b>Class</b>		<b>Date of Registration</b> (school use only)	
<b>Address</b>		<b>Home Tel. No.</b>	
<b>Medical conditions</b> <i>(eg allergies, asthma etc)</i>			
<b>Food intolerances</b> Please indicate if your child has any food intolerances ie food they do not like/ does not agree with them			
<b>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 5.30pm)</b> <i>(It is essential that you keep us informed of any changes to these)</i>			
<b>Name of contact</b>	<b>Parent/Guardian/Other</b> <i>(eg childminder)</i>	<b>Contact Tel. No.</b>	<b>Additional Tel. No.</b>
1.			
2.			
3.			

I confirm that I (or a person nominated on my behalf) will collect my child when the session ends at 5.30pm and that, should he/she not be collected at this time I will agree to pay a late collection charge of £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.....