



## Kindergarten Afternoon Care Registration Form

Please write CLEARLY using BLOCK CAPITALS.

Name of child	
Date of Birth	
Class	
Address	
Names of parents/guardians	
Contact telephone numbers	
Email address	

### Days Attending

Please tick the days your child would like to attend Kindergarten Afternoon Care.

Once booked, you cannot cancel the booking. Ad hoc admin fee is £3. Late pick up incurs a charge of £4 per 15 minutes.

	Session 1 (12:55-15:15)	Session 2 (15:15-17:00)	Who will be collecting your child?
Monday			
Tuesday			
Wednesday			
Thursday			

Parent's Signature:

Date:

[www.edinburghsteinerschool.org.uk](http://www.edinburghsteinerschool.org.uk)

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## Record of Information

Name of child
Emergency contacts in addition to parents  Name: _____ Tel: _____  Name: _____ Tel: _____
Does your child have any diagnosed allergies or intolerances?
Does your child have any dietary requirements?
Does your child have any medical condition(s) we should know about?
Do they require prescribed medications? (Paperwork to support this is available from your child's KG teacher)
Name of family doctor    Telephone number

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office use only

Date received
Recommendation  Teacher's signature _____ Date: _____ Confirmed starting date _____
AC leader's signature _____ Date: _____