

REGISTER ADDITIONAL CHILDREN

Child two

Child's details			
Child's name:			
Date of Birth:		School:	
Does your child have any medical conditions or allergies? Is your child on any medication? <i>We are unable to give any medication so please ensure that any medication is given before attending</i>			
Please provide us with any dietary requirements your child has. <i>Be as specific as possible</i>			

Child three

Child's details			
Child's name:			
Date of Birth:		School:	
Does your child have any medical conditions or allergies? Is your child on any medication? <i>We are unable to give any medication so please ensure that any medication is given before attending.</i>			
Please provide us with any dietary requirements your child has. <i>Be as specific as possible</i>			

REGISTER ADDITIONAL CHILDREN

Child four

Child's details			
Child's name:			
Date of Birth:		School:	
Does your child have any medical conditions or allergies? Is your child on any medication? <i>We are unable to give any medication so please ensure that any medication is given before attending</i>			
Please provide us with any dietary requirements your child has. <i>Be as specific as possible</i>			

Child five

Child's details			
Child's name:			
Date of Birth:		School:	
Does your child have any medical conditions or allergies? Is your child on any medication? <i>We are unable to give any medication so please ensure that any medication is given before attending.</i>			
Please provide us with any dietary requirements your child has. <i>Be as specific as possible</i>			