

**REGISTRATION FORM FOR HOLIDAY CLUB**

Please return this form to:

Mrs Claire Taylor  
Jigsaw  
Curzon House Day Nursery  
Wrexham Road,  
Eccleston,  
Chester CH4 9DQ

PLEASE USE BLOCK CAPITALS

1. Full Name of Child.....

Date of birth..... Sex.....

Address.....

.....

Post code.....

Telephone number.....

Child's first language..... Religion .....

2. Mother's Full Name.....Mrs/Miss/Ms

Works Telephone.....Mobile Telephone.....

Employer's Name and address.....

.....

Email.....

3. Father's Full Name.....

Works Telephone.....Mobile Telephone.....

Employer's Name and Address.....

.....  
Email.....

5. Name and Address of child's doctor.....  
.....

Telephone number .....

6. Does your child have any allergies, medical conditions or need for special care?.....  
.....

7. Has your child had all their immunisations? .....

8. Please indicate whether your child has any food or drink allergies or special dietary requirements .....

9. Is there anything else we should know about your child? .....

**Agreement.**

**Please sign and return this form.**

*I agree to pay in advance for the days I require once I have received my conformation letter of the days that are booked.*

*I have received a copy of the Holiday club Information (the rules), have read and understood them and agree to them all. I also understand that refunds will not be made for periods of absence.*

Full name.....Signed.....  
(Dr/Mrs/Ms/Miss/Mr)

Mother/Father/Guardian. Date.....