

Clever Fish After School Programme

Name of child (or children) attending:

Age of child (or children) attending:

School of child (or children) attending:

Emergency Contact 1:

Name of emergency contact	Relationship to child	Cell phone #	Alternative phone #

Emergency Contact 2:

Name of emergency contact	Relationship to child	Cell phone #	Alternative phone #

Medical or other issues:

Please provide details of any medical or learning needs we should be aware of:	Please detail any allergies:

Promotional photographs:

We may take photographs of activities and children to use on our website and advertising. Please confirm we have your permission to do so. YES or NO

Signed:

Date: