Cats Club Booking Form – Before & After School

I would like to reserve a place for my child to attend Cats Club on the following day(s):

Before school (£1.00 Cathcart Street pupils):

Monday. ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

After school £ 5.00 Cathcart Street pupils / £7.00 pupils from other schools):

Monday. ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Child's Details

First Name: _____

Surname: _____

Date of birth: _____

School: _____

First Language: _____

Parent/carer 1 Details

(Please inform us if either parent does not have legal parental responsibility)

Title: _____

First Name: _____

Surname: _____

Home Address: _____

Work Address: _____

Home telephone: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

Parent/carer 2 Details

Title: _____

First Name: _____

Surname: _____

Home Address: _____

Work Address: _____

Home telephone: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

Alternative Emergency Contact Details

(Please provide the details of at least one person we can contact if we are unable to contact you)

Name: _____

Telephone Number: _____

Mobile Number: _____

Address: _____

Relationship to Child: _____

Details of Childs Doctor

Name of Doctor: _____

Address: _____

Telephone: _____

About your child

Please detail any additional needs your child has: (please provide full details)

_____

_____

_____

Please detail any medical needs your child has: (If medication is needed an additional medication form will need to be completed)

_____

_____

_____

Please detail any allergies your child has:

_____

_____

Please detail any dietary requirements of your child:

_____

_____

_____

What are your child's favourite activities?

_____

_____

Is there anything your child does not like (food, games etc) or is scared of?

_____

_____

In the event that my child is involved in a serious accident, I expect to be contacted immediately on the above telephone numbers.

In the event that my child requires immediate medical treatment before I can get to them, I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

I understand that all sessions must be paid for **in advance**.

Signed: _____

Print name: _____

Date: _____