



¡Vamos chicos!

Registration Form

Name of child

D.O.B

Parent name

Address

Email address

Phone number

Regular Collection Permission: I give permission for:

Name

Address

Phone number:

to collect my child on a regular basis. I understand I will need to introduce the person to Liz Boyd before the first collection.



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Emergency contact 1

Phone number

Relationship to child

Emergency contact 2

Phone number

Relationship to child

Does your child have any allergies?

Is your child on any medication?

Name, address and phone number of doctor

During our club the children will take part in a role play “El restaurante” and they will be offered a selection of “tapas” which may change occasionally. This snack will include bread, cheese, chorizo and perhaps other cured meats. Please advise below of any dietary information about your child. We will inform you in advance of any other foods the children might eat as part of their learning.

Payment details:

You will find payment details on your invoice which will be issued at the start of each school term.