

Registration details will be given to the club provider.

Name of child: <input type="checkbox"/> My child has a 1:1 at school.		Year Group/ Class:
Club wishing to attend:		
Parent contact name:		Parent signature:
I have enclosed <input type="checkbox"/> a cheque for the total amount of £		
Medical	Special Needs /Behavioural Needs	
Child's medical conditions including any additional and/or behavioural needs:		
Collection at the end of the club(s)		
<input type="checkbox"/> My child may walk home alone. <input type="checkbox"/> My child will be collected. <input type="checkbox"/> My child will be collected by Frejo Kids.		
Name of person collecting child:	Contact telephone number:	Contact email address:

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