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| **Sunday Groups Registration Form** *(older groups)* |
| Child’s name |  | Group:* Kingdom Kids
 |
| Date of birth School year (2017-2018) |
| Address (incl. postcode) |
| Contact telephone number(s) |  | Email address(es) |
| Will you collect your child at the end of the group, or are you happy for them to leave the group on their own to come and find you?* I will collect them / They can leave on their own *(please delete as appropriate)*
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| Please give brief details of any allergies or medical condition(s) we need to be aware of |
| Are you happy for this child to be given snacks / drinks in the group? |
| What are your child’s particular interests/hobbies/things they like doing? |
| Is there anything your child generally finds difficult / would value help with? |
| Additional information (anything else you think that the group leaders might need to know e.g. specific learning or behavioural needs…) |
| Name of parent / adult with parental responsibility |
| Signature |  | Date |