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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)* | | |
| 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 |