

Please provide password for when someone else collecting your child. However please always ring/text to let us know who is collecting and when

	Admission Form		when.			
			Password:			
Child's full Name:						
Date of Birth:	Sch		ool Attended:			
Gender:		Sch	ool Year:			
Ethnicity:		Chil	d's first language:			
Any other languages spoken at home:		,				
Who has parental responsibility for the above child:						
Who has legal guardianship of the above child:						
Home address:						
Postcode:						
Second Home Address	(If applicable):					
Postcode:						
Who does the above ch	ild live with:					
Mobile No & Name (1)			Mobile No & Na	ame (2)		
Home No:			Work No:			
Email address:			Other Emergend contact:	су		
Doctors Surgery, Name, Address & Telephone No:						
Do you have any cultural/Religious requirements:						
Details of any significant health issues: (Including special education needs and/or physical disabilities or learning disabilities)						
Any other information you think we should know about:  If None please state "None" *  eg: Likes, Dislikes, Allergies, Dietary requirements etc						

Breakfast Club:	Mon / Tue / Wed / Thu / Fri	(Please circle) Adhoc Sessions (Please circle)
Afterschool Club:	Mon / Tue / Wed / Thu / Fri	(Please circle) Adhoc Sessions (Please circle)
Holiday Club:	Mon / Tue / Wed / Thu / Fri	(Please circle) Adhoc Sessions (Please circle)

I hereby consent for my child to take up a place at Kids Mix, according to the Terms and Conditions set out in its Policies and Procedures. I have understood the expectations and obligations relating to both myself and Kids Mix and agree to abide by them. And I adhere to the conditions of Kids Mix as stated on the conditions form.

I confirm that the information above is correct, and I promise to contact Kids Mix as soon as any of the details change.

Signed: Dated: