

# The Orchards Admissions Form

## Ashby Fields Primary School

Child's Full Name:.....

Gender: M/F

Date of Birth:.....

Name of Parents/Carers:.....

Home address:

.....

Mobile Number.....

Parent/Carer Daytime Telephone Number:.....

Other Emergency Contact Details:.....

Is there any specific person(s) who may not have legal access to this child? YES/NO\*

\*If YES, please provide full details:.....

Details of any significant health issues (including special educational needs and or physical disabilities statement):

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Details of any special dietary requirements, allergies and significant food and drink preferences:

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*I hereby consent for my child to take up a place at the Club, 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 the Club, and agree to abide by them.*

*I understand that both booking forms and payments must be made in advance at least one week before requested sessions.*

*I confirm that the information given within this form is correct, and I agree to contact the Manager immediately should any of these details change.*

Signed (parent/carer).....

Date.....