

Crèche Booking Form

Date of event:

Time Slot	4-5pm	5-6pm	6-7.30pm
Please tick the box of the time slot(s) you have booked online. If you have booked more than one child please state the number of children booked alongside your tick i.e. for 3 children ✓3			

1. Child's name:		Child's DOB	
Medical conditions/allergies			
Dietary requirements			
2. Child's name:		Child's DOB	
Medical conditions/allergies			
Dietary requirements			
3. Child's name:		Child's DOB	
Medical conditions/allergies			
Dietary requirements			

During the session my emergency contact telephone number(s) will be:	
Contact one (name):	Mobile phone number:
Contact two name):	Mobile phone number:

Parent Declaration:

- I understand that the session is for infant and junior school aged children only.
- I confirm that I will remain on site while my children are booked into the crèche.
- I understand that the crèche is being run and managed by an external childcare provider, Freedom Childcare.
- I understand that this information about me and my child(ren) will be passed onto Freedom Childcare.

Parent Name		Signature	
Dated			

Please complete and return this form to Mrs Wilson via the general office once your booking has been made online. The form needs to be completed prior to any children entering the crèche facility.