

Yo-Chi Registration form

I give permission for my child:..... to attend 'Yo-Chi'.

School.....

Class:..... Age:.....

Starting on

Name of Parent/Carer (please print):.....

Signature:.....

Contact number:

Email:.....

The adults who are permitted to collect my child at the end of a session are:
(please print names)

Name(s):

I understand that attending the session may sometimes involve eating different food.

Does your child have any allergies?

If so, what is your child allergic to:.....

If your child carries any medication for regular or emergency use please put this in writing and make sure that the supervising member of staff is made aware.

If your child has any cultural, behavioural, medical or physical needs that may need adaptations to be made please put the details in writing and make sure the supervising member of staff is aware.

Please also supply us with emergency contact details for a responsible adult if we are unable to make contact with you:

Name (Parent/Carer):.....

Tel:

2nd Emergency contact:.....