



TELEPHONE: 07951937018

Out of Hours Admission Form

NAME OF CHILD:	
DATE OF BIRTH:	
RELIGION:	
ADDRESS OF CHILD:	
HOME TELEPHONE NUMBER:	POST CODE:
EMERGENCY CONTACT NAME:	RELATIONSHIP:
EMERGENCY CONTACT NUMBER:	
HAS CHILD ANY ALLERGIES?	DETAILS:
HAS YOUR CHILD ANY MEDICAL NEEDS?	DETAILS:
DOCTOR:	NAME: ADDRESS: TELEPHONE NUMBER:
WHO WILL NORMALLY COLLECT CHILD?	NAME: CONTACT DETAILS:
WHAT HOURS WILL YOU NORMALLY REQUIRE BUNGALOW?	PLEASE DELETE AS APPROPRIATE: BREAKFAST CLUB AFTER SCHOOL 3PM - 4PM 3PM - 5PM 3PM - 5.30PM
I Give permission for my child to watch P.G. rated films: I give permission for my child to be photographed and pictures be used to promote Westrop School's web site:	
PASSWORD: Do not allow your child to know this	Signed parent/guardian: Date:



THE BUNGALOW IS SUPPORTED BY SWINDON BOROUGH COUNCIL AND DEPARTMENT FOR EDUCATION