**Sanctuary Farm Summer School - Registration Form**

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| --- | --- |
| Child’s Full Name & Home Address      |   |
| Name to be used at SFSS  |    |
| DOB  |    |

|  |  |
| --- | --- |
| Emergency Contact Details 1  | Emergency Contact Details 2      |
| Tel:  | Tel:   |

Details of any special dietary requirements or allergies:

Details of any medical conditions or requirements your child may have:

|  |
| --- |
| Doctor Surgery Contact Details: |

I hereby give consent from my child to take up a place at SFSS, in accordance with the terms and conditions set out in SFSS policies and procedures. I have understood the expectations and obligations relating to both myself and SFSS and agree to abide by them.

I confirm that the information given above is correct and I will contact the manager immediately any details change.

Name of Parent...................................................................................................

Signature of Parent/Carer ……………………………… Date ……………………

Signature of SFSSManager …………………………… Date ……………………