



# **KAYTANA SUMMER 2010**

## **APPLICATION FORM**

*Please complete a separate form for each child*

Application for:

**GROUP 1**

Entering Reception and Year 1

**GROUP 2**

Entering Year 2 & 3

**GROUP 3**

Entering Year 4,5, 6

### **DETAILS**

Child's name:..... Date of Birth .....

School..... School Year in 2010-11.....

Parent's name.....

Home Address .....

.....Post Code:.....

Telephone Number.....Mobile Number.....

Email Address.....

### **EMERGENCY CONTACT** (NOT ANYONE NAMED ABOVE)

Name:.....

Telephone Number.....Mobile Number.....

Relationship to child (mother, father etc.).....

Email .....

### **MEDICAL DETAILS**

Doctor's Name .....

Address:.....

Tel :.....

Does your child suffer from a medical condition? Yes .... No .....

Please give details .....

Does your child suffer from a food allergy? Yes.....No.....

Please give details .....

Does your child take medication? Yes .....No.....

Please give details .....

Does your child have any special needs (physical, educational or emotional) that will necessitate his/her needing extra help? Yes..... No.....

Please give details .....

**IF YOU NEED MORE SPACE PLEASE ANSWER ANY PART OF THIS SECTION OVERLEAF.**

**PHOTOS**

- Kaytana may be filmed or photographed to be used for promotional purposes. Please tick this box to confirm that you are happy for your child to be photographed. If you do not agree to this, we suggest that you additionally remind the leaders.

**REGISTRATION** (TICK APPROPRIATE BOX)

- Please book my child for WEEK 1 or WEEK 2 (circle as appropriate) at a cost of £100
- Please book my child for both weeks at a cost of £190

Total enclosed: £ \_\_\_\_\_

Please make cheques made payable to 'Tribe' or call Tribe on 020 8343 5656 to pay by credit card. Please note that your child's place cannot be saved until payment is received

**CONSENT**

I, (name of parent/guardian).....am the legal guardian of the above named child and I give my consent for him/her to attend the Borehamwood Kaytana Summer Scheme. I confirm that only someone I have authorised to the group leader may collect my child from the scheme.

- I give permission for my child to go on an outing (Group 3 only).
- I agree to medical attention being provided if necessary.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete and return this form  
together with payment to:  
Tribe Kids, 305 Ballards Lane, London N12 7GB**