



Kingsquad



This form is designed to help us know more about your child in order to give them the best possible experience at Kingsquad. Once completed, please return to the school office. If you have any questions please feel free to contact us on 01622 577960.

Child's Name:

School Year:

Does your child currently attend a church? (Including clubs or activities run at a local church?)

Does your child have any allergies or medical conditions for us to be mindful of?

Does your child receive any extra support at school?

Is there any other information you would like to add?

Occasionally, we will take photos during Kingsquad and these could be used in our publicity to promote our work. Please state below whether you give permission for your child to be included in these.

YES NO

Parent or Guardian:

Full Name:

Relationship to child:

Contact number:

Email address:

Signature:

Please tick as appropriate:

☐ My child will walk home alone after Kingsquad

☐ My child will be collected by a parent/guardian after Kingsquad (see below)

If anyone other than yourself is due to collect your child, they will need to give us the password that you have set with us. Please choose a password for us to keep on file: