



Before & After School Care

## BOOKING FORM-Red Beach School

### Child Information:

(1) Child's Name: \_\_\_\_\_

Gender: (*please circle*) Male / Female D.O.B: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Medication details: (if applicable): \_\_\_\_\_

(2) Child's Name: \_\_\_\_\_

Gender: (*please circle*) Male / Female D.O.B: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Medication details: (if applicable): \_\_\_\_\_

Child/rens home address: \_\_\_\_\_

Child/rens home phone number: \_\_\_\_\_

Child/rens email: \_\_\_\_\_

### What days do you require before or after school care for your child/ren?

(*Please ✓ and indicate pick-up time 4pm, 5pm or 6pm*)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

**Please note:** if you have booked for any of these days but are unable to attend due to sickness or alternative commitments, you will not be charged providing you contact us in advance on 4279377

Kelly Club bank account number 06 0383 0191392 00

### Caregiver Information:

FIRST Contact Person: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

SECOND contact Person: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

**Emergency Contact Information:**

*Emergency Contacts will only be used in the case of an emergency where contact with the first and second contact persons has been unsuccessful.*

Emergency Contact 1: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Alternative Pick-up Persons Information:**

*Alternative Persons authorised to collect child/ren excluding FIRST and SECOND Contact Persons. PLEASE NOTE: If you wish for your child to be collected by someone not listed please inform us prior to pickup.*

Alternative Person 1: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

Alternative Person 2: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

***I have read and understood the Important Information outlined on page 5 of the Kelly Club Before & After School Care Brochure.***

**Caregivers Name:** \_\_\_\_\_

**Caregivers Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Kelly Club, PO Box 107, Orewa, Auckland 0946  
427 9377 or karen@kellysports.co.nz**