



Membership Enquiry

Child's Full Name					
Date of Birth		Gender		Class Name (if known)	
Cultural Background (Optional)		Religion (if any) (Optional)		Other languages used at home	
Your name		Contact Phone Number		Address	
Relationship to child		Contact e-mail address			
<p>Any information that we may need when allocating a place for your child such as: Significant health issues, allergies or medical history likely to affect the care of the child at club. Any area where additional support may be needed such as SEN, English 2nd Language, physical impairments, self-regulation & behaviour: (Continue on another sheet if needed)</p>					
Start Date?	Please tick below to indicate sessions requested				
_____	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Signature of Parent/Carer: _____ **Date:** _____
Print Name: _____

E-mail your completed form to lesley@knutzclub.co.uk, hand it in at Knutsford Primary Academy, or send to Lesley Berry, 23 Tudor Avenue, WD24 7NU. Allocations for places at Knutz Club for the new school year commence at the beginning of July.

ADMIN USE

Date form received:		REG	SIB	NEW
Added to list:	Y / N	Communications:		
Date place offered:	Accepted	Declined		
	Registration Form sent	Remove or Move to End		

Our Admissions and Waiting List Policy is available from Knutz Club or online at www.knutzclub.co.uk