



11plusMasterclass.com

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THE 11+ HOLIDAY LEARNING CLUB - REGISTRATION FORM

CHILD'S NAME.....GENDER: Male / Female

CHILD'S AGE.....CHILD'S DATE OF BIRTH.....

CHILD'S ADDRESS

.....POST CODE.....

CHILD'S SCHOOL.....

CHILD'S HOME TELEPHONE NO.....

EMAIL ADDRESS FOR FEEDBACK.....

MEDICAL HISTORY including any childhood illnesses which influence daily care (allergies, allergies to any medication, asthma, any other medical conditions or NONE.)

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Please note the staff at The Holiday Learning Club cannot always administer medication to your child. In the unlikely event of an emergency, the Ambulance Service will be contacted and professional assistance offered by qualified personnel.

NAME OF PARENT/CARER 1.....RELATIONSHIP.....

ADDRESS if different from child.....

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NAME OF PARENT/CARER 1.....RELATIONSHIP.....

ADDRESS if different from child.....

.....

Please list below your EMERGENCY telephone numbers and place them in the order you would like us to contact you in the unlikely event of an emergency.

NAME	RELATIONSHIP	TELEPHONE NUMBER
1.		

2.		
3.		

Are there any orders excluding any adults who should NOT collect your child/children? Please give details below:

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DOCTORS DETAILS

DOCTOR'S NAME.....DOCTOR'S TEL.NO.....

DOCTOR'S ADDRESS.....

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HAS YOUR CHILD HAD THE FOLLOWING CHILDHOOD IMMUNISATIONS?

Measles YES/NO DATE..... Tetanus YES/NO DATE..... MMR YES/NO DATE.....

PLEASE PROVIDE ANY ADDITIONAL COMMENTS YOU WOULD LIKE TO GIVE US ABOUT YOUR CHILD.

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HOW DO YOU THINK YOUR CHILD FEELS ABOUT TAKING THE 11+ EXAMS? Please tick?

- Keen to get into his/her 1st choice school
- A little nervous, but willing to work hard
- Reluctant to sit the exams
- Not sure

WHAT PREPARATION HAS YOUR CHILD HAD PRIOR TO ATTENDING THE CLUB?

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PLEASE LIST YOUR SCHOOL PREFERENCES IN ORDER.

1ST CHOICE SCHOOL.....

2ND CHOICE SCHOOL.....

3RD CHOICE SCHOOL.....

WHAT IS YOUR CHILD'S PREFERRED LEARNING STYLE if known? Please tick:

.....VISUAL (Seeing and Reading)

.....AUDITORY (Listening and Speaking)

.....KINESTHETIC (Touching and Doing)

CLUB PUBLICITY & PROMOTION

PHOTOGRAPHS (please tick)

I consent to my child being photographed by The Holiday Learning Club for publicity and/or display (Print/website).

YES NO.....

CLUB WEBSITE (please tick)

I consent to any testimonials/feedback provided by myself or my child being used on the Holiday Learning Club website. Names will be withheld.

YES NO.....

I have completed this form in full, read the Parents Guide and agree with the terms and conditions.

SIGNED.....DATE.....

NAME.....

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