



Children's Christmas Parties

Name of School attended:

Child's Name	Year Group(Class)	Date of birth
Please inform us of any food aller	gies or food preferences:	
Contact name(s) Mother	Contact name(s) Father	Contact name(s)Other
Address	Address	Address
Emergency Telephone number (1)) Emergency Telephone number (2)	Emergency Telephone number (3)
give permission for my child t	to attend the Christmas party on Sunda	ay 8th December 2024
ignature:		Date:
give my permission for the K	/A to take and use photographs	
ignature:		Date: