**THE CLUBHOUSE PROJECT DAY SERVICE**

**REOPENING DETAILS**

Dear Parents/Carers,

In order to help us transition your son or daughter back into The Clubhouse Project Day Service, after our time of closure, please could you complete this form and ensure it has been sent back prior to the 1st September.

**Name:**

**Address:**

**Contact Numbers:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **MOBILE NUMBER** | **WORK NUMBER** |
|  |  |  |
|  |  |  |

**Emergency Contact Number:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **RELATIONSHIP TO SON/DAUGHTER** | **CONTACT NUMBER** |
|  |  |  |

**Medical:**

**Has there been any medical or other related factors that we need to be aware of?**

**New Behaviours:**

Have you noticed any new behaviours or patterns relating to your son/daughter that we need to be aware of?

**Eating Pattern/likes dislikes:**

Have mealtimes changed or new or old foods been introduced or not been eaten?

**New Hobbies:**

Have any new hobbies or interests been introduced or enjoyed?

**Other:**

Please share anything else with us that you think would be helpful to us to ensure the transition back is as smooth as possible:

**Please return this form to Lisa Littlewood as soon as possible to help us support your return**

**The Clubhouse Project Day Service Ltd**

**St George’s College**

**Weybridge Road**

**Addlestone**

**Surrey KT16 8NQ**

**OR**

**lisa@theclubhouseproject.org**