

## Mighty Oaks Adventure Club Registration Form 2018-19

Tel: 07746 590902



All children attending must be registered with the club by a parent/guardian completing and signing this form.

Name of Child $\_$			Class		
Date of birth					
Child's home add	dress				
•	any medical or SE on please state be	•	s together witl	n information r	egarding any
	name				
Address Ethnic Background Religion			_		
(For additional c	hildren please see	page 3)			
Emergency c	ontact details				
Name Relationship to o	child(ren)				
Home:M		obile:Work:		/ork:	
(This shaded section is	for completion by school	ol office only)			
Form checked	Reg Fee Paid on PP	Assigned on PP	Parent Informed	Sibling Y/N	

## Other people authorised to collect your child(ren):

Name			
Relationship to chi	ld(ren)		
Home:	Mobile	Work	
Name			
Relationship to chi	ld(ren)		
Home:	Mobile	Work	
Name			
Relationship to chi	ld(ren)		
Home:			
	Work		
Name of child 2		Class	
Date of birth			
Child's home addre	ess		
-	y medical or SEN requirement please state below:	nts together with informatio	n regarding any
Child's Doctors nar	ne		
Tel No			
		Religion	

Name of child 3	Class	
Date of birth		
Child's home address		
If your child has any medical or SEN requir regular medication please state below:	rements together with information reg	
Child's Doctors name		
Tel No		
Address		
Ethnic Background	Religion	
Sessions can be booked via ParentPay up or required. As places are restricted, unfortute to pay by vouchers, please let us know who can use them.	nately fees are non-refundable. If you	would like
Name of provider		
I have paid my yearly registration fee of £2	15 per child via ParentPay	
Signed		
Name		
Date		