



## Registration Form

Please complete and return this form to your child's next meeting  
as we must have this information in case of emergency

Surname .....

Forenames .....

Address .....

..... Postcode .....

Telephone .....

Alternative address (*if relevant*) .....

..... Postcode .....

Alternative telephone (*if relevant*) .....

Date of birth .....

Religion / Faith .....

School attended .....

Mother's name .....

Father's name .....

Mobile: Mother..... Father .....

E-mail .....

**Medical Details.** *We need this information for camps and outings or for emergencies when parents cannot be contacted.*

Doctor's name .....

Address .....

..... Postcode .....

Telephone .....

National Health Service Number .....

In case of minor cuts, are you happy for us to use plasters on your child? .....

*Please give details, which you feel we should know about such as special needs  
**Food Allergies**, health problems, family circumstances and so on.*