



REGISTRATION FORM

Child Details

Surname First Name

Date of Birth Boy Girl

Address

Post Code Home Tel No

Parent Details

Mother

Title

Full Name

Daytime Tel

Mobile

Email

Father

Title

Full Name

Daytime Tel

Mobile

Email

Child lives with: Mother Father Both Other

Emergency names and telephone numbers

Primary contact: Tel:

Secondary contact: Tel:

Any Additional Information

Signature of Parent

Date

FOR OFFICE USE ONLY

DATE REGISTRATION FORM RECEIVED _____

PAYMENT RECEIVED _____