



'SCOTTIES' OUT OF SCHOOL CLUB
Hawk Drive, Bedford MK41 7JA

REGISTRATION FORM

(PLEASE PRINT CLEARLY – THANK YOU)

Full Name of Child		Class	
Ethnic Group			Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Parent/Carer		Relationship to child	
Address			
Telephone numbers:	<i>Tick priority contact number</i>		
Home			<input type="checkbox"/>
Mobile			<input type="checkbox"/>
Work			<input type="checkbox"/>

Emergency Contact Information

Please enter contact details **in the order you wish them to be contacted** in the event of an emergency:

Contact 1	<i>Tick priority contact number</i>		
Contact Name			
Home		<input type="checkbox"/>	Relationship to child
Mobile		<input type="checkbox"/>	
Work		<input type="checkbox"/>	
Contact 2	<i>Tick priority contact number</i>		
Contact Name			
Home		<input type="checkbox"/>	Relationship to child
Mobile		<input type="checkbox"/>	
Work		<input type="checkbox"/>	

**** PLEASE DELETE AS APPLICATBLE**

Doctor's Name		Doctor's Telephone Number	
Do you give permission for the school to contact your Doctor if necessary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
**ASTHMA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details: (Please make sure that an in date inhaler is immediately available)	
**ALLERGY	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:	
**OTHER	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:	

Payment of fees is required weekly, in advance please. I confirm that I understand and accept the conditions of my child's attendance at 'SCOTTIES' Out of School Club and agree to pay all fees promptly each week. I will inform the club immediately of any change of address or telephone numbers.

Signature..... Date:.....
Parent/Carer