

DUNCHURCH WOOSH CLUB

Dunchurch Junior School, Dew Close, Dunchurch, Rugby, CV22 6NE

REGISTRATION FORM

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Child's Name ..... Receipt No. ....  
Date of Birth .....  
School Attended ..... Class .....

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Home Address .....  
Home Tel. No. .... Mobile No. ....

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Parent's Name ..... Tel No. ....  
Work Address ..... Mobile No. ....

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Parent's Name ..... Tel No. ....  
Work Address ..... Mobile No. ....

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If someone other than a parent will have responsibility for leaving or collecting the child, please complete the following:

Their Name ..... Tel No. ....  
Address .....  
Relationship to Child..... Mobile No. ....

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In case we cannot reach either parent in an emergency, please give the following information  
About an emergency contact, for example grandparent or neighbour

Their Name ..... Tel No. ....  
Address .....  
Relationship to Child ..... Mobile No. ....  
Name of Child's Doctor ..... Tel no. ....  
Doctor's Address .....

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Please give any medical information, for example food and other allergies, details of current medication, tetanus injection/booster dates etc.

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Please give us any personal information which you think would be helpful to us.

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Please tick days and sessions required:-

	<b>Morning 8.00am - 8.40am</b>	<b>Afternoon 3.30pm - 6.00pm [please state pick-up time]</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

The allocation of the requested places must be paid for and 6 weeks notice given if they are no longer needed.

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**AGREEMENT BETWEEN PARENT AND DUNCHURCH WOOSH CLUB**

- One copy of this agreement to be kept by the parent and the original to be kept by Dunchurch Woosh Club.
- I have read the Dunchurch Woosh Club guidelines and agree to the conditions.
- I consent to my child receiving medical treatment in an emergency if I cannot be contacted.

PARENT'S SIGNATURE ..... DATED.....

SIGNED ..... DATED.....  
(On behalf of Dunchurch Woosh Club)