

The Holiday Club Family Registration Form

36 Thrush Close, Abbeydale, Gloucester GL4 4WZ Phone 01452 304636 or 07894 354 756

Children's Detail	Child's 1st name	Child's Surname	Date of Birth	School Attended
<p><i>Please give the children's detail in this section</i></p>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<p>Parents/Carers Details</p> <p><i>Please give the name and the address that all correspondence should be sent to</i></p> <p>In case we need to contact you whilst you are at work, please give your business name and phone numbers landline and/or mobile that we should call</p>	Name	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%; height: 80px;" type="text"/>
	Postcode	<input style="width: 95%;" type="text"/>
	Home phone number	<input style="width: 95%;" type="text"/>
	Daytime contact details	<input style="width: 95%; height: 60px;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>	

<p>People you authorise to collect the above named child/ren</p> <p><i>Please give details of any other adults who you authorise to collect your child/ren</i></p>	Name	Relationship to child
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<p>Emergency Contact</p> <p><i>Please details of who we should contact in an emergency if we are unable to contact you</i></p>	Name	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%; height: 60px;" type="text"/>
	Phone number	<input style="width: 95%;" type="text"/>

<p>Children's Doctor</p>	Name	<input style="width: 95%;" type="text"/>
	Address	<input style="width: 95%; height: 60px;" type="text"/>
	Phone number	<input style="width: 95%;" type="text"/>

<p>Special Information</p> <p><i>Please give here any special information that we may need to know about any of the above named children i.e.; Medical, Dietary or Special needs etc</i></p>	<input style="width: 95%; height: 80px;" type="text"/>
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- I consent to my child/ren receiving medical treatment in an emergency and to my child being taken on supervised trips
- I confirm that the above information is correct and that I will notify The Holiday Club of any changes to the information given
- I confirm that I have read the current Terms and Conditions and agree to be bound by them

Signed

Dated