

# Isfield Village Playscheme

## REGISTRATION FORM

Child's/Children's Name(s): .....

Date(s) of Birth: .....

Address:

.....  
.....  
.....

Religion .....

School child attending .....

Name of Parent/Guardian .....

Telephone number: Daytime/work .....

Evening .....

Mobile .....

Email .....

Family Doctor .....

Telephone .....

**In an emergency, I agree that the Playscheme Leader can contact the family doctor, hospital or take any appropriate action on my behalf.**

Please list below or provide on a separate sheet, any special needs, requirements or medical details relevant to each child.

I enclose the registration fee of **£4.50** (payable once only) for each child above:

Signature: .....

Date: .....

