

COLLIS ACTIVITY CAMP REGISTRATION FORM

CHILDS FIRST NAME:

SURNAME:

Home Address:

E-mail Address:

Childs Age:

Childs D.of B:

Gender:

School:

Year group:

Parent/Guardian Name:

Home Phone:

Mobile:

Work/emergency contact:

Please confirm dates required:

Does your child have any special needs? Please give details:

Is your child on any medication? Please give details:

I agree to let my child attend the Collis Activity Camp. Children are expected to conform to acceptable classroom behavioural patterns and normal disciplines.

Parent/Guardian signature

Date

On Occasions Collis Activity Camp will use photos from the camp to use on the website.
Please tick the box if you **do not** wish for your child to be photographed for this purpose.

For office use only :

Amount Received : £

Future Dates: