



NORTH DOWNS MOLES CLUB
REGISTRATION FORM

Child's Name Child's Name

Known as: Known as:

Date of Birth Date of Birth

Contact Details:

Name & contact details of parent/guardian:

Name: Telephone Number

Email:.....

Please give at least **two** emergency daytime telephone numbers:

Person Telephone Number

Person Telephone Number

Person Telephone Number

Who will be collecting your child/children?
.....

Has your child had any recent illnesses, operations or injuries?

Is your child allergic to any food or drink?

Is your child allergic to bee or insect stings?

Does your child take any regular medication?

Please provide any additional information you feel we may require

Signed Dated

Requirements

Monday	Tuesday	Wednesday	Thursday	Friday
				Closed

(one tick for each child please)