



Registration Form

PLEASE USE BLOCK CAPITALS OR PRINT CLEARLY

Child's name:

Child's date of birth:

Address:

Parent/Guardian's name:

Home telephone number:

Mobile telephone number:

(One of the above numbers is required as an emergency contact number)

E-mail address:

Please give details below of any special dietary requirements or food allergies:

Please give details of any medical conditions (e.g. asthma etc.):

How did you hear about CAOS! ?:

Any other comments:

- To help us to cover our costs a nominal subscription of £1 is required for each session
- Doors open for CAOS! at 10:00am. Please be ready to collect your son or daughter at the end of the session at 12:00pm
- Occasionally we may take photographs of activities for use on display boards, in communications, local paper, website, etc. If you have any concerns about this, please speak to the Club organisers.
- The Club will operate under the Child Protection Policy of Ascot Baptist Church, a copy of which can be made available on request.

Parent/Guardian's signature _____ Date _____

Please return the completed form to:

CAOS! Kids Club, Ascot Baptist Church, 175 New Road, Ascot, Berks SL5 8PX