



Proprietor: Mrs. Moira Hine

Little Rascals Out Of School
58 Hazel Tree Road
North Watford
Hertfordshire
WD24 6RQ



(01923) 818845



07763 214360

(3:00pm - 6:00pm school days only)

APPLICATION FOR MEMBERSHIP

Please complete this form in BLOCK CAPITALS and return it to the club manager

CHILD'S SURNAME	<input type="text"/>	CHILD'S FORENAME(S)	<input type="text"/>
CHILD'S DATE OF BIRTH	<input type="text"/>	SCHOOL ATTENDED	<input type="text"/>
HOME ADDRESS	<input type="text"/>		
HOME POSTCODE	<input type="text"/>	HOME TELEPHONE NO	<input type="text"/>

MOTHER'S FULL NAME	<input type="text"/>
MOTHER'S WORKPLACE (NAME & ADDRESS)	<input type="text"/>
WORK PHONE NO	<input type="text"/>

FATHER'S FULL NAME	<input type="text"/>
FATHER'S WORKPLACE (NAME & ADDRESS)	<input type="text"/>
WORK PHONE NO	<input type="text"/>

NAME OF PERSON WHO WILL COLLECT THE CHILD	<input type="text"/>
EMERGENCY CONTACT NAME AND TELEPHONE NO	<input type="text"/>
DOCTOR'S NAME AND ADDRESS	<input type="text"/>
DOCTOR'S 'PHONE NO	<input type="text"/>

ADDITIONAL INFORMATION (i.e. special diets, allergies, health problems etc. or anything that we should know about)

NAME INVOICES TO BE ADDRESSED TO <i>(Please include title i.e. Mr. / Mrs. / Ms. etc.)</i>	<input type="text"/>
HOW DID YOU HEAR ABOUT US?	<input type="text"/>

I consent to my child receiving medical treatment in an emergency.
I understand that the 'Little Rascals Out Of School' cannot accept responsibility for children's possessions or valuables whilst they are attending the Club.

PARENT'S NAME IN FULL	<input type="text"/>
PARENT'S SIGNATURE	<input type="text"/>
DATE OF SIGNATURE	<input type="text"/>

*Reviewed Sept 2011
Next Review Aug 2012*