



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

07763 214 360

info@littlerascalsoutofschool.co.uk

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"/>

WHO HAS PARENTAL RESPONSIBILITY? (FULL NAME)	<input type="text"/>		
MOTHER'S FULL NAME	<input type="text"/>		
MOTHER'S WORKPLACE (NAME & ADDRESS)	<input type="text"/>		
WORK POST CODE	<input type="text"/>	WORK TELEPHONE NO	<input type="text"/>

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

FULL NAMES OF THE PEOPLE WHO MAY COLLECT THE CHILD	<input type="text"/>		
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DOCTORS NAME & ADDRESS	<input type="text"/>		
DOCTOR'S TELEPHONE NO	<input type="text"/>		

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

EMERGENCY CONTACT NAME
& TELEPHONE NO (1)

EMERGENCY CONTACT NAME
& TELEPHONE NO (2)

EMERGENCY CONTACT NAME
& TELEPHONE NO (3)

YOUR EMAIL ADDRESS (To be used for invoices etc.)

HOW DID YOU HEAR ABOUT LITTLE RASCALS OUT OF SCHOOL?

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

PARENT'S SIGNATURE

DATE OF SIGNATURE