**Peacock club Registration Form**

Pupil Names: ………………………………………………………………………………

|  |  |
| --- | --- |
| **Parent/Guardian Details** | Title |
| First Name | Surname |
| **Address** |
| Town:  | Postcode: |
| Telephone: | Work place: |
| Work address: |
| Email: | Work phone: |
| Mobile: |  |

|  |
| --- |
| **Alternative Emergency Contact - Name & Telephone numbers:** |

|  |
| --- |
| **Children’s details** |
| Child code | First name | Surname | Male/female | Age | Date of Birth |
| A |  |  |  |  |  |
| B |  |  |  |  |  |
| C |  |  |  |  |  |
| D |  |  |  |  |  |

**Additional Contact Details**

|  |  |  |
| --- | --- | --- |
| **Any medical conditions, allergies, special needs, or dietary needs****Please give full details – continue over if required** | Yes | No |
| Name | Details |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Parent/Guardian Details** | Title |
| First Name | Surname |
| **Address** |
| Town:  | Postcode: |
| Telephone: | Work place: |
| Work address: |
| Email: | Work phone: |
| Mobile: |  |

|  |
| --- |
| **Alternative Emergency Contact - Name & Telephone numbers:** |

We will keep this information on file, if your details change, or you wish to add anything please advise Peacock Club as soon as possible.