

DK GROUPS REGISTRATION FORM - 2017

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Birth date _____ Sex: _____ School: _____

First Name: _____ Last Name: _____

Birth date _____ Sex: _____ School: _____

Address: _____

_____ Postcode: _____

Parent full name: _____

Home number: _____ Mobile: _____

E mail (please use block capitals): _____

Parent full name: _____ Mobile: _____

E mail (please use block capitals): _____

In case of emergency, **if unable to contact either parent**, please give details of an additional adult we can contact:

Name (not already listed above): _____ Mobile: _____

Please indicate for which year you are enrolling:

Reception Red Group

Sch Year 1 Orange Group

Sch Year 2 Yellow Group

Sch Year 3 Know Group

Sch Year 4 Grow Group

Sch Year 5 Serve Group

Sch Year 6 Share Group

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Discovery Kids will be taking pictures and video during DK Groups, these images will be used to record all the fun we will have throughout the year, and may also be used in presentations or publicity, for example MKCC website and leaflets. If you have any concerns please don't hesitate to speak to a member of staff. We will use your details to contact you occasionally with information on events and courses that we think might be of interest to you. We will only use this data for the purposes of MKCC and will not pass it on to third parties.

HEALTH INFORMATION:

Please state any medical conditions/allergies we should be aware of: _____

Signed Parent/Guardian: _____ Date: _____