

Holiday Club Registration Form

Please complete and return the form below to youngones@ymca-dg.org

Child's Name (full)

D.O. B

Address

Postcode

Full name of parents/carers and contact numbers:

Name 1:

Tel:

Name 2:

Tel:

Mobile 1:

Mobile 2:

Email address:

Supply two contact, name, address and telephone number ie. Friend or relative.

Name:

Address:

Mobile:

Name 2:

Address:

Mobile:

PLEASE NOTE: No child will be allowed to leave our care with any person other than those indicated above. If these details change please inform us at once.

Doctor's name and address:

Name:

Address:

Telephone:

Any Allergies? Yes No

If yes, please specify:

Please email youngones@ymca-dg.org with the dates and time you wish to use the holiday club.

I can confirm the details provided on this form are correct

Sign:

Date :