

JULY SCHOOL HOLIDAY PROGRAMME REGISTRATION FORM

Please complete one form per child. Additional forms available at MSHCC, Reap House, 340 Queen Street, Masterton. Registrations to MSHCC.

My Child will attend Venue 1 2 3 4 (Circle the venue of your choice)

Name of Child.....

Date of Birth.....

Address where child lives

.....

Home phone number.....

Childs Doctor.....

Doctors phone number.....

Any medical conditions (e.g. asthma, allergies, dietary)

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Parent/Caregivers Name.....

Parent/Caregivers Address.....

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Phone numbers (cell, home, work).....

Emergency Contact.....

Emergency Contact address.....

Emergency Contact phone numbers.....

Relationship to child.....

Other persons who may pick up my child.....

Any other information you would like to provide.....

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In the event of a medical emergency, I grant permission for my child to receive treatment:

Signed.....