



# Buzz Club Registration Form

|                                |  |
|--------------------------------|--|
| <b>Name of child:</b>          |  |
| <b>Name of parent / carer:</b> |  |
| <b>Date of Birth:</b>          |  |
| <b>Class:</b>                  |  |
| <b>Address:</b>                |  |
| <b>Home phone:</b>             |  |
| <b>Mobile:</b>                 |  |
| <b>Emergency contact No.1:</b> |  |
| <b>Emergency contact No.2:</b> |  |
| <b>Dietary requirements:</b>   |  |
| <b>Medical alerts:</b>         |  |
| <b>Allergies:</b>              |  |

|  |            |           |
|--|------------|-----------|
| <b>Photo for scrapbook?</b>                | <b>Yes</b> | <b>No</b> |
| <b>Photo for website / press releases?</b> | <b>Yes</b> | <b>No</b> |

|                         |                |                  |                 |               |            |           |
|-------------------------|----------------|------------------|-----------------|---------------|------------|-----------|
| <b>Regular sessions</b> |                |                  |                 |               | <b>Yes</b> | <b>No</b> |
| <b>Monday</b>           | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> |            |           |
| <b>Start date:</b>      |                |                  |                 |               |            |           |

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_