



**THE PHOENIX CLUB Registration Form**

**Email:** phoenix@winchcombe.w-berks.sch.uk

**(direct no. 07789943964)**

**Childs name** .....

**Date of Birth** .....

**Class**.....

**Home Address**.....

.....

.....

.....

**Postcode** .....

**Parents' Details- Invoices to be sent to:**

**Parent's name**.....

**Address** .....

.....

.....

**Post Code**.....

**Telephone number**.....

**Mobile Phone number**.....

**Telephone number of work place**.....

**2<sup>nd</sup> Contact details**

**Name**.....

**Address** .....

.....

.....

**Post Code**.....

**Telephone number**.....

**Mobile Phone number**.....

**Telephone number of work place**.....

**Signed**.....

**Print name**.....

**Does your child have any dietary needs/allergies/health issues?**

**Yes/No (please circle)**

**If yes, please specify**

.....

.....

.....

**Name of the person responsible for collecting your child**

.....

**Relationship to child**.....

.....

**General Information**

**Permission for your child to be photographed at The Phoenix Club**

**I do/do not (please circle) consent to** .....

..... (name of child) being photographed at the club.

**Signed**..... **Date** .....

**When would you like your child to start?**

**Date**.....

**Please tick the sessions you require.**

Monday Tuesday Wednesday Thursday Friday

am	pm	am	pm	am	pm	am	pm	am	pm

Any Further information.....

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