

GODZONE REGISTRATION FORM

PARENT/CARER DETAILS:

NAME:

ADDRESS:

HOME TELEPHONE NO:

MOBILE TELEPHONE NO:

DURING GODZONE I CAN BE REACHED ON:

(INSERT TEL.No.)



CHILD'S DETAILS— PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD TO BE REGISTERED

NAME:

DATE OF BIRTH:

PERSONAL DETAILS (TO BE KEPT CONFIDENTIALLY): LIST ANY ALLERGIES, MEDICAL INFORMATION, SPECIAL REQUIREMENTS OR ANY OTHER INFORMATION THAT WE SHOULD BE AWARE OF)

I would like my child/children to meet in the school library after school and for them to be escorted to GODZONE by registered GODZONE volunteers. *

I will bring my children to GODZONE myself. *

**DELETE AS APPLICABLE*

APPOINTED PERSON(S) TO COLLECT MY CHILD:

NAME:

ADDRESS:

TEL. NO(S):

PASSWORD TO BE USED BY APPOINTED PERSON WHEN COLLECTING YOUR CHILD:

SUPPLY A SMALL PHOTOGRAPH TOO PLEASE IF POSSIBLE.

EMERGENCY CONTACT PERSON:

Please supply details of whom we should contact in the event of an emergency

NAME

ADDRESS

TELEPHONE NUMBERS:

Are you willing to be a GODZONE helper on a rota basis?

Yes No

ANY OTHER RELEVANT INFORMATION:

Return Slip to Peter Rickman at St Mary's Vicarage or Mr Pretlove at the school. Many thanks.

COPY OF FORM PASSED TO SCHOOL OFFICE

DETAILS ENTERED INTO GODZONE REGISTER :

