

# COMPUTERKIDS REGISTRATION FORM

**CHILDS FIRST NAME:** .....**SURNAME:** .....

**Home Address:**

**E-mail Address:**

**ChilDs Age:**

**ChilDs D.of B:**

**Gender:**

**School:**

**Year group:**

**Parent/Guardian Name:**

**Address (if different from above):**

**Home Phone:**

**Mobile:**

**Work/emergency contact:**

**Does your child have any special needs? Please give details:**

**Is your child on any medication? Please give details:**

**I agree to let my child attend the Computerkids Computer course. Children are expected to conform to acceptable classroom behavioural patterns and normal disciplines.**

**Parent/Guardian signature .....**

**Date .....**

**Method of Payment:.....**

**For office use only :**

**Dates Booked:**

**Amount Received : £**

**Student Number:**