



Registration Form

Child's Full Name Any Physical/Health/Medical Conditions
(please give more information if necessary)

Child's Date of Birth

Parent's/Guardian's Full Name and Title

.....

Address Emergency Contact and Telephone Number

.....

..... How did you hear about Tickety-Boo?.....

.....

..... Postcode PLEASE COMPLETE

Home Telephone No. Day

Mobile No. Venue

Email Time

Name of Class

I would like to pay by Pay & Play Block Booking (please tick appropriately)

No. of Sessions Class Fee Total Payable

Signature Date

Please check with class leader who to make cheques payable to and hand in the completed form with any payments due.