



Dalmuir Out of School Care Group (DOSCG)  
Registration form

Date:	Start Date:	<b>Parent/Carer name:</b>
<b>Name of your child:</b>		<b>Parent/carer name:</b>
<b>School child will be attending-</b>		<b>Relationship to the child:</b>
<b>D.O.B</b>		<b>Password:</b>
<b>Address Contact details of Parent/Carer Including Post Code:</b>		
<b>Usage:</b>		
<b>Home telephone number:</b>		
<b>Mobile telephone number</b>		
<b>Work contact number:</b>		
<b>Emergency contact name and number:</b>		
<b>E-mail address:</b>		
<b>Parents signature:</b>		<b>Date:</b>
<b>Project Managers signature:</b>		<b>Date:</b>