

Details of children enrolling

For Office Use Only
Ref. No.

	Child 1			Child 2			Child 3			Child 4		
Name												
Boy / Girl												
Address												
Postcode												
Age @ 31st Aug '18												
Bus Stop eg A1, B2 C3 etc	Arrival	Departure		Arrival	Departure		Arrival	Departure		Arrival	Departure	
Car (please give times as per note)	Children of BAE staff & contractors may arrive from 8am & depart upto 5pm (Please tick relevant section)											
	Departure			Departure			Departure			Departure		
	1600-1625	1625-1640	1640-1700	1600-1625	1625-1640	1640-1700	1600-1625	1625-1640	1640-1700	1600-1625	1625-1640	1640-1700
Teenz Only Activity Group (Please quote Group letter ie A, B etc)	1st Choice		2nd Choice		1st Choice		2nd Choice		1st Choice		2nd Choice	
Additional needs/ allergies etc.	Please tick if you need to tell us more information			Please tick if you need to tell us more information			Please tick if you need to tell us more information			Please tick if you need to tell us more information		
Emergency Contact No's	In case of emergency please give relevant contact telephone numbers (you may give more than one number if you feel it appropriate) for each child											
Please DO NOT write below this line. Thank you												
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ENROLMENT FORM 2018

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PLEASE SEE ENCLOSED LEAFLET FOR FURTHER DETAILS
AND INFORMATION ON HOW TO COMPLETE THIS FORM

Registration Fees @ £73 per child Payment Summary

No. Children x £73 = £

Service bus contribution x £1 = £
(Please complete if children are travelling to & from the scheme by bus)
£1 per child for the week or part week *(sorry no daily rate)*

Member's Discount £5 (total)
(one off deduction if applicable)

Total Enclosed/Payable £

Please note:-

Once registration documents have been issued any group or transport changes requested will incur an additional charge of £5 per child

Please return completed form to:-

SS&SA (S11), Playscheme Registrar
Samlesbury Aerodrome, Balderstone, Blackburn. BB2 7LF

Payment Details

Payment Method (Please tick)

Cheques should be made payable to SS&SA

Cash Cheque Credit/Debit Card

Card signatory _____

Enrolment Contact Details

Parents Name Signature

Address

Postcode

Home Tel. No.

Mobile No.

Email

Samlesbury Sports & Social Assoc. Membership Details

(Please complete one of the details below to claim the membership discount)

Employee Member Dept & Clock No

Associate or Fitness Centre Mem. No

IMPORTANT

Please advise any Health or Behavioural Issues which we need to know about i.e. Medication, Allergies, Medical conditions etc. by ticking the relevant box overleaf and we will send you an 'Information Passport' by return.

This will give you the opportunity to tell us all the information we need to know

Expiry date

Security code

Issue No *if applic*

Please note card details will be destroyed once processed

Credit/Debit Card Payments

Cardholders FULL name & address if different to that shown above

PLEASE PRINT

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