

OFFICE USE:



WATFORD READ
Academy
Educating the Children of Tomorrow

REGISTRATION FORM

(ONE BOOKING FORM PER FAMILY)
ADDITIONAL BOOKING FORMS AND / OR FURTHER INFORMATION PLEASE CALL 07717535719
(LIMITED SPACES) PLACES GIVEN AFTER FULL PAYMENT ON A FIRST COME FIRST SERVE BASIS

PARENT/GUARDIAN DETAILS

(PLEASE USE BLACK INK AND BLOCK CAPITALS THROUGHOUT THIS FORM)

TITLE:			
SURNAME:			
FORENAMES:			
ADDRESS:			
EMAIL:		POST CODE:	
TEL: (HOME/WORK)		MOBILE:	
OCCUPATION:			
HUSBAND/WIFE'S NAME		MOBILE:	

CHILD'S NAME

	FORENAMES	SURNAME	(M / F)	SCHOOL YEAR	D.O.B.	AGE
1						
2						
3						

EMERGENCY CONTACTS

PLEASE GIVE THE NAMES OF TWO PERSONS WE MAY CONTACT IN CASE OF AN EMERGENCY:

NAME:		NAME:	
ADDRESS:		ADDRESS:	
	POST CODE:		POST CODE:
MOBILE NUMBER:		MOBILE NUMBER:	
HOME NUMBER:		HOME NUMBER:	
WORK NUMBER:		WORK NUMBER:	
RELATIONSHIP:		RELATIONSHIP:	

SIGNATURE..... DATE.....

PLEASE ENSURE YOUR CONTACT DETAILS ARE CORRECT!

PAYMENT INFO & POLICY

Full payment of Course fee **must be paid in advance** (at the time of the enrolment) by, either:

- Cash or
- Bank transfer - contact us for details

Once a Student is registered on the Course, fees must be paid in full, regardless of the fact whether you attend only a few lessons. The fee is NOT REFUNDABLE.

I would like to enrol my child/ren to study at **Watford Read Academy**. I have read and accept the SAIS policy for payment for fees. I understand it is non-refundable once I have registered or in the event my child/ren is/are unable to attend all the lessons. I will keep Watford Read Academy informed of any change in my personal information given above.

I will pay the full amount in:

- 1) Cash
- 2) Bank Transfer

Name..... Signature..... Date

MEDICAL INFORMATION

PLEASE PROVIDE ALL MEDICAL CONDITIONS MENTAL OR PHYSICAL. ALSO INCLUDE ALLERGIES AND ANY OTHER CONDITIONS AND REQUIREMENTS (PLEASE USE AN ADDITIONAL FORM IF NECESSARY)

	FORENAMES	SURNAME	GENDER (M / F)
1			
2			
3			

	TICK	TYPE	FULL DESCRIPTION
1		Disability	
		Illness/Condition	
		Allergy	
		Medication	
		Medical dietary requirement	
2		Disability	
		Illness/Condition	
		Allergy	
		Medication	
		Medical dietary requirement	
3		Disability	
		Illness/Condition	
		Allergy	
		Medication	
		Medical dietary requirement	

Please give any further information that you consider we may need

.....

.....

.....

.....

Reminder: Places are awarded on a first come first serve basis.