



Hove Park Summer School registration form

My son/daughterwould like to attend the Hove Park Summer School.

They will be attending for the full week (27th July– 31st July)

They will only be attending for individual days (please tick all that apply)

27th July 28th July 29th July 30th July 31st July

Name of child:.....

DOB:.....

Current school:.....

Emergency contact 1:

email.....Tel.....

Emergency contact 2:

email.....Tel.....

Medical conditions/ medication:.....

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Special educational needs

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Do you give permission for your son/ daughter to be photographed?

Yes

No

Signed.....Date.....