



PARENT/CARER REGISTRATION FORM

Please complete this form to register on one of the events and return it in the freepost envelope no later than **15th February 2010**. If you have any queries, you can contact us on Tel: 01623 520071 or email: ahdcpathfinder@nottsc.gov.uk

Contact name/s [PLEASE PRINT]:			
Address:		Postcode:	
Telephone:		Mobile:	
Email:			
Which event will you be attending [please tick indicating 1 st and 2 nd choice]:			
The Richard Herrod Centre	Monday 15 th March 9:30am – 2:30pm	Yes	No
The Turbine Centre	Wednesday 17th March 9.30am-2.30pm	Yes	No
The E-Centre	Friday 19 th March 9.30am-2.30pm	Yes	No
Please tell us how many people from your family will be attending and their relationship to your child:			
Number of adults attending:			
Full name of adult attending [please print]:			
Relationship:			
Full name of adult attending [please print]:			
Relationship:			
Full name of adult attending [please print]:			
Relationship:			
Do you need help with childcare in order to attend this event?			
Yes		No	
Do you need help with transport in order to attend this event?			
Yes		No	
Do you have any particular dietary or access requirements			
		Yes	No
If yes, please indicate			