

North Queensferry COMMUNITY LEARNING CENTRE - REGISTRATION FORM

(If applicant is under 16 this form should be completed by parent/guardian)

FULL NAME OF USER	
NAME OF PARENT/GUARDIAN <i>(USERS UNDER 16)</i>	
ADDRESS	
TELEPHONE NO.	
DATE OF BIRTH OF USER	
EMERGENCY CONTACT NO.	
RELATIONSHIP OF EMERGENCY CONTACT <i>(IE MOTHER, NEIGHBOUR)</i>	
I have read and understood the access policy and agree to the terms and conditions outlined in the welcome pack	
SIGNED <i>(BY PARENT/GUARDIAN IF USER UNDER 16)</i>	
DATE	
<i>For official use only</i>	
Acceptable ID: Passport, utility bill, driving licence, Fifestyle card, etc	
ID SIGHTED	
<input type="checkbox"/> ACCESS POLICY ISSUED <input type="checkbox"/> FORM COMPLETED <input type="checkbox"/> PHOTO TAKEN <input type="checkbox"/> MEMBERSHIP CARD ISSUED	
SIGNED	
POSITION	
DATE	
<i>Tuition</i>	
TUITION REQUIRED?	YES / NO
PREFERRED DAY	
PREFERRED TIME	
I WANT TO LEARN ABOUT ...	