



PULSE – REGISTRATION FORM

Name	
Date of Birth	
Address	
Additional Information (medical/allergies/support needs)	
Name of Parent	
Telephone Number	
E-Mail Address	
Signature of Parent	
I give permission for my child to attend <u>PULSE</u> :	
Photo permission?	YES/NO
Permission to store and use email address?	YES/NO

Please take a photo of completed form and send to
dhume@churchofscotland.org.uk or 07858 966367