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I wish to register for my child to attend:

* Breakfast Club
* After School Club
* Both Breakfast and After School Club

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Child’s Name: DOB:

1. Parent/Guardian details:

Name:

Address:

Contact details: Home

Mobile

Work

1. Emergency contacts (please provide 2):

Name:

Phone/mobile number:

Name:

Phone/mobile number:

Medical / Allergy Requirements:

Signature of Parent/Guardian ........................................ Date : .......................

PLEASE NOTIFY US IF ANY DETAILS CHANGE