



REGISTRATION FORM

Child's Name	
Date of Birth	
Parent/Guardian Name(s)	1.
	2.
Email Address(es)	1.
	2.
Mobile Number(s)	1.
	2.
Address	
Town and Postcode	

Any medical conditions we should be aware of?	
Allergies	
Medication	

Permission for Photos to appear on social media *	YES (please circle)
	NO (please circle)

*Please note that we do not put any child's name on social media. We carefully choose photos, and they are usually group photos for our official Facebook and Instagram accounts. If you do not wish your child to be seen, we can blur their faces out and where possible not include them in our photos.