



Registration form

September 2016– August 2017

Your details:

Parent Name:.....

Address.....

Phone number.....Mobile phone number.....

E-mail address.....

From time to time we like to take pictures/videos of activities that we are doing in Kidzone for use in publicity/ displays etc. NO NAMES WILL BE USED. Photo permission: Yes No

On occasions we would like to take the children out to the adjacent park. They will be well supervised by Kidzone leaders. By signing below you give Kidzone staff permission to do this.

Child(ren)'s details:

Name: Preferred name (for name sticker): Address (if different from above): Date of birth: Gender: Current school year: Any medical conditions or allergies:	Name: Preferred name (for name sticker): Address (if different from above): Date of birth: Gender: Current school year: Any medical conditions or allergies:
Name: Preferred name (for name sticker): Address (if different from above): Date of birth: Gender: Current school year: Any medical conditions or allergies:	Name: Preferred name (for name sticker): Address (if different from above): Date of birth: Gender: Current school year: Any medical conditions or allergies:

Sign

Date:.....