



# REGISTRATION FORM

|                          |  |
|--------------------------|--|
| Parents name & signature |  |
| Parents name & signature |  |
| Childs full name         |  |
| Childs date of birth     |  |
| Email address            |  |
| Address                  |  |
| Contact telephone number |  |
| Date place requested     |  |
| Days and hours requested |  |
| Start date               |  |