

WILLOW WOMBATS REGISTRATION FORM



Child's Name: _____ Class: _____

Date of Birth: _____ Male/Female: _____

Days & Time (please tick all you require)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm
<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm

Home Address: _____

Telephone Numbers – Home: _____ Mobile: _____

Emergency Contact Name and Number: _____

Please provide a 6 letter password for security: _ _ _ _ _ _

Does your child have any medical conditions? Yes/No

If yes, please state: _____

Does your child have any known allergies? Yes/No

If yes, please state: _____

Does your child require any specific dietary requirements? Yes/No

If yes, please state: _____

Any other information:

Signed: _____ Date: _____
(parent/carer)