After School Club Registration Form – Robotics Club Jan 2023 Years 4 to 6

			Persona					
Child's First Name		Child's Last Name		ame				
Child's Address						Post Code		
Daytime Telephone				Evening Telephone	,			
Mobile Telephone				Child's Date of Birth			Class & Year	
(Please circle one)		Male	Female	School Attended		Rawmarsh Ashwood		
Name 1			Emergency Constitution Relationship to child	ontact Details	Telepl Numb	er		
Name 2			Relationship to child		Telepi Numb			
Medical Information / Behaviour / Disability								
(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.								
Consent								
0			Cons	sent				
General Co	onsent (tid	ck as appropriate)	Cons	sent			Yes	No
		ck as appropriate) having his/her picture			oses		Yes	No
I consent to	my child		e taken for promoti	onal/website purpo			Yes	No
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