|  |
| --- |
| **REGISTRATION FORM (AFTER SCHOOL)****EBRINGTON PRIMARY SCHOOL – (SEPTEMBER 2018-2019)** |
| **Child’s Name** | **Class** | **Contact Details (Name)****Parent/Guardian** | **Telephone Number****Parent/Guardian** | **Allergies/Special Dietary Requirements** | **Please tick days of week required (as appropriate)** |
|  |  |  |  |  | **M T W T F** |

|  |
| --- |
| **REGISTRATION FORM (AFTER SCHOOL)****EBRINGTON PRIMARY SCHOOL – (SEPTEMBER 2018-2019)** |
| **Child’s Name** | **Class** | **Contact Details (Name)****Parent/Guardian** | **Telephone Number****Parent/Guardian** | **Allergies/Special Dietary Requirements** | **Please tick days of week required (as appropriate)** |
|  |  |  |  |  | **M T W T F** |