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| **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** |

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| **REGISTRATION FORM (AFTER SCHOOL)**  **EBRINGTON PRIMARY SCHOOL – (SEPTEMBER 2018-2019)** | | | | | |
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|  |  |  |  |  | **M T W T F** |