# Diagram Description automatically generated with low confidence

REGISTRATION FORM FOR LITTLE BUNNIES

Passport/dependent pass no:

Surname of child:

Christian names:

Date of birth:

Names of Parents:

Home address:

Home phone no:

Mobile no:

Work phone no:

Email address:

Name and age of siblings:

Does your child have any allergies?

Do you grant permission for your child

To be given first aid (Calpol, antiseptic

Cream etc)

Name, address, phone of family Doctor:

Signature of Parent/Date