



Little Angels

Child's full name: _____

Gender: Male / Female

Date of birth: _____

Home address: _____

Postcode: _____

Medical / Allergies Information:

Parent's Title: Mr / Mrs / Ms

Parents' full name: _____

Home Tel: _____ **Mobile Tel:** _____

Email address: _____

Please tick if you wish your child NOT to be photographed for publicity.

Please tick if you wish NOT to be contacted about future events.