



Registration

Name of Parent/Carer: _____

Relationship to Child: _____

Name of Child/Children: _____

DOB of Child/Children: _____

Medical Conditions: _____
(Only conditions that may require program adjustment)

Address: _____

Contact number: _____

Email address: _____

Emergency Contact: _____

Photo permission: Yes No

Session I wish to attend:

Thursday 9.00 – 10.15 Friday 9.00 – 10.15

Thursday 11 - 12.15 Friday 11 – 12.15

By completing this form I agree to receive news and communications from Dominic College:

Signature: _____