

Registration



Please fill in this form to book a place for your child. Please use a *separate form for each child*.

Dates: From _____ To: _____

Venue _____

Child's full name _____

Sex: Male Female

Date of birth _____

School _____

Please register my child for **Space Academy**

Parent's/guardian's signature _____

Parent's/guardian's full name _____

Address _____

Postcode _____

Telephone _____

I give permission for my child's and my details to be entered on the church database.

Yes **No**

I give permission for my child's photograph to be taken during the club.

Yes **No**

(The photographs will be used for church purposes only, including church magazines and press release)

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