

Cabrakids Dance and Music School Registration Holiday form 2023

Childs Detail

First Name:	Surname:
Address	
Suburb	DOB:

Parent/Carer Contact

Name	Mobile Phone
Email Address for all correspondence (parents or students)	

Child Medical History

Does your child have any allergies? Yes/No	If yes, please list:
Does your child have any medical conditions? Yes/No	If yes, please list:
Does your child have any recurring injuries that may restrict them during class? Yes/No	If yes, please list:
Please list any regular medications required. Inc Dosage	List:

Monday	Tuesday	Wednesday	Thursday	Friday
OFF <input type="checkbox"/>	11/4 <input type="checkbox"/>	12/4 <input type="checkbox"/>	13/4 <input type="checkbox"/>	14/4 <input type="checkbox"/>
19/4 <input type="checkbox"/>	18/4 <input type="checkbox"/>	19/4 <input type="checkbox"/>	20/4 <input type="checkbox"/>	21/4 <input type="checkbox"/>

Date Started _____

Voucher Number _____

Voucher Number _____

In the event of an accident or serious illness, do you give permission for the staff to obtain medical attention as required? Yes/No

To the best of my knowledge all information given on this form is correct.

While all care is enforced, Cabra Kids Dance, Music & School does not accept responsibility in the case of an accident resulting in injury.

I _____ understand and agree to the above mentioned

Signature: _____ Date: _____