



EASTER ACTIVITY
BONANZA
REGISTRATION FORM
St. Andrew's Church, Uxbridge

CHILDS NAME

PARENTS NAME

ADDRESS

.....

.....

CONTACT NUMBER

AGE *(if reception age or lower must be accompanied by an adult)*

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SCHOOL YEAR

ANY MEDICAL/ALLERGY CONDITION.....

.....

AMOUNT PAID (£2-00 per child).....

ONE FORM REQUIRED PER CHILD

Return completed form to Sally Clargo or
St. Margaret's Parish Office with monies.