Registration

Example: Sun block, Calpol, etc..

Name (required)	Middle Initial		Family Name (required)	Gender (required) Male Female
tionality (required)	Languages Sp	juages Spoken at Home (required) Date of Birth (required)		
Fa	amily Information			
	rrent Residential Idress (required)	P. O. Box (required)	Home Tel.	Little Panda's Ki
	Father's Information			
	ther's Name (required)	Company / Occupation (re	quired) Work Tel.	
	other's Information other's Name (required)	Company / Occupation (re	quired) Work Tel.	
М	obile (required)	Email Address (required)		
Name (n	mergency Contact	Relations	hip to Child (required)	
	ome Tel. (required)	Mobile (r		
	adical Information			
W		administering any medication. Iny allergies or recurring illnes	s?	
Is	Is your child on any regular medication?			
Is	Is your child on any regular medication?			