



CYCLES LEARNING CENTRE REGISTRATION FORM

Name of Student	Date of Birth
Name of Parent/Guardian (for under 18s)	
Address	
Telephone HOME:	MOB:
Email:	
Alternative Contact Name:	Telephone
Relationship to Child:	Home: MOB:
Medical Conditions or Allergies:	Current School and Year:
	Course Desired:

PHOTO DISCLAIMER

I **do /do not** give permission for photos to be taken during sessions that may contain my child for Cycles Learning Centre website and/or advertising space.

How did you hear about Cycles Learning Centre?

Any positive or negative educational experience you would like to share with us:

I confirm that I have read and understood the [Terms and Conditions](#). **Yes** **No**

Signed:

Date:

Email: info@cycleslearningcentre.com

Web: www.cycleslearningcentre.com

Phone: 07754860384 (message please)