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|  L.O.V.E ~ Lady of virtue and Eloquencemembership Application |
| Name: |
| Date of birth: | Medicare Number | Phone: |
| Current address: |
| City: | State: | Postal Code: |
| Email Address:  |
| Parent Information |
| Phone: | E-mail: | Mobile: |
| City: | State: | Postal Code: |
| Emergency Contact |
| Name: |
| Address: | Phone: |
| City: | State: | Postal Code: |
| Relationship to applicant: |
| Medical |
| Does your child have any medical conditions, or allergies: Yes No If yes please state the conditions and allergies below along with medical treatment e.g. asthma- Puffer/Inhaler |
| CONSENT |
| Throughout the course of this program, photos may be taken and uploaded onto social sites and newspapers e.g. Facebook, L.O.V.E website etc. If you do not wish for your child’s photo to be taken please tick.  |
| L.O.V.E RESEARCH PROJECT |
| The L.O.V.E association will be holding a research project on the progress of this program, surveys may be distributed, all information is private and confidential, please tick if you do not wish for your child to be part of this research.  |
| Signatures |
| Signature of Parent/Guardian: | Date: |

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