

# REGISTRATION FORM



Childs Full Name: .....

Date of birth / Expected Due Date: .....

| Please tick sessions required | MONDAY                   | TUESDAY                  | WEDNESDAY                | THURSDAY                 | FRIDAY                   |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Full day (7.30am-6pm)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morning (7.30am – 12.30pm)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon (1pm – 6pm)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Start Date: .....

Parent/Guardian Name: .....

Home Address: .....

.....

Work Address: .....

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Work Telephone Number: .....

Mobile: .....

E mail Address: .....

First Emergency Contact: .....

Phone Number: .....

Mobile: .....

Second Emergency Contact: .....

Phone Number: .....

Mobile: .....

Parent/Guardian Name: .....

Home Address: .....

.....

Work Address: .....

.....

Work Telephone Number: .....

Mobile: .....

E mail Address: .....

First Emergency Contact: .....

Phone Number: .....

Mobile: .....

Second Emergency Contact: .....

Phone Number: .....

Mobile: .....

Childs G.P Name, Address & Telephone number: .....

Please state any medical conditions e.g Asthma/Eczema, Food Allergies, Special Dietary requirements:

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Sign: .....

Date: .....

**For office use**  
**Registration Fee Paid - £25 (Placed on system):**

**Advanced Fee: £50**  
**Managers signature:**

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