

Registration

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|-------------------------|-------------------------|
| Child's name: | |
| Child's date of birth: | Male / female: |
| Parent / Guardian name: | Parent / Guardian name: |
| Address: | Address: |
| Home telephone: | Home telephone: |
| Workplace: | Workplace: |
| Work telephone: | Work telephone: |

| | |
|--------------------------------------------------|------------|
| Contact in case of emergency (other than above): | |
| Relationship of contact to child: | Telephone: |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|-------|
| Please tick the sessions you require: | | | |
| Monday | AM | | PM |
| Tuesday | AM | | PM |
| Wednesday | AM | | PM |
| Thursday | AM | | PM |
| Friday | AM | | PM |
| Please state date a nursery place is required from: | | | |
| Deposit amount: | | Date paid: | |
| Please state any health problems or special dietary requirements: | | | |
| I have read and abide by the terms and conditions. I consent to my child being given first aid in an emergency and to be taken on supervised outings. | | | |
| Name: | Signed: | | Date: |