



REGISTRATION FORM

Please complete this form carefully.

Full Name of Child	
Date of Birth / Due Date	
Full Name of Parents	
Address	
Tel. Number	
Email Address	

Sessions Required

Please circle the relevant session/s

Monday	Full Day	School/Funded Day	Morning	Lunch	Afternoon
Tuesday	Full Day	School/Funded Day	Morning	Lunch	Afternoon
Wednesday	Full Day	School/Funded Day	Morning	Lunch	Afternoon
Thursday	Full Day	School/Funded Day	Morning	Lunch	Afternoon
Friday	Full Day	School/Funded Day	Morning	Lunch	Afternoon

Requested Start Date	
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Parent or Carer

Signature

Date

Full Name

Office Use

Deposit received £

Date

Initials