Child Registration Form



Name of child								Date of birth				Gender						
Home address							Does your child have any Allergies or Medical Conditions?											
Postcode																		
Religion Ethnic origin						· '				Nationality								
				sessio		2-3 yea				-		3-5 years		-				
Session	Mon	Tues	Wed	Thurs	Fri	Session	Mon	Tues	Wed	Thurs	Fri	Session	Mon	Tues	Wed	Thurs	Fri	
Full day						Full day						Full day						
Morning						Morning						Morning						
Afternoon						Afternoon						Afternoon						
Preferred	start d	ate:			I		I	I	С	onfirme	ed star	t date:	ı		1			
Registration Deposit Total payn	nent ** T h	£ £ ne Depos		(Deb	it Card/l	Bank Transfe Bank Transfe ing that we re ear and will g	r) ceive th	-		Ro ce, in wri	efunda	fter your chil	d's con		aid: start da			
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Parent/Carer 1 Title Full Name							Parent/Carer 2 Title Full Name											
Title	Legal parental responsibility Y/N																	
	ntal res	sponsib	oility	Y/N					Legal	parenta			Y/N					
		sponsib	oility	Y/N						parenta addres	al resp		Y/N					
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