**Registration Form**

CHILD’S NAME:………………………………………………………………………………………………………

DATE OF BIRTH:………………………………………………………………………

ADDRESS:…………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………….

EMAIL ADDRESS:……………………………………………………………………………………………………

TEL NO: HOME:…………………………………………………………………………………

 WORK:…………………………………………………………………………………

PARENT’S NAMES:……………………………………………………………………………………………

……………………………………………………………………………………………

Please indicate sessions required:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Full Day** (7.30am – 6pm) |  |  |  |  |  |
| **Part Day** (9am – 4.30 pm) |  |  |  |  |  |
| **Morning** (7.30am – 1.30pm) \*\* |  |  |  |  |  |
| **Afternoon** (1.30pm – 6pm) \*\* |  |  |  |  |  |

*\*\*available from 2 years and above\*\**

Date the placement is required from:………………………………………………………………………

Registration Fee £25.00

Do you wish your child’s name to be put on our waiting list? Yes/No

*Office use only: Date form received with fee……………………………………………………………*