

REGISTRATION FORM



Name of child	Date of Birth	Age Years	Months			
Name of parents applying		Name of other guardian/carer				
Address		Tel No				
		Mob No				
		Work No				
		E mail				
Please tick sessions required per week						
	AM	PM	SCHOOL	FULL TIME	EXTENDED	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Please state the childs first language						
Briefly state if your child has any Special Educational Needs, Dietary requirements or Allergies These will be discussed further upon a place being offered						