



Registration Form

This form should be completed by an adult that has parental responsibility and therefore lives with the child named below. Please fill out a registration form for each child and indicate in the notes section their sibling's name for any discounts to be applied.

Child's full name: _____ Gender: M F

Date of birth: _____ Year group from start date: _____

Home address: _____

_____ Post Code: _____

Parent/Guardian's details:

Title: _____ Full name: _____

Relationship to child: _____ Home no: _____

Mobile no: _____ Email address: _____

Please indicate your interest in the following sessions. I will confirm via email if provided, or by other means of contact whether your child has a place, or if they have been placed on our waiting list as soon as possible.

Breakfast Club		After School Club	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

Notes: Please use this space to indicate any other information that may be relevant at this stage such as, out of school clubs you currently access, whether you would like to use childcare vouchers for payment and if your child has any siblings that will be using the provision too.
