**Office use only**

**Official start date:**

**Settling in sessions:**

**Funding forms sent:**

**Registration forms sent:**

Childs legal name:

Known as :

Date of Birth :

Male ☐ Female rather not say ☐

Home address:

**Please list any allergies**

**Parent/carer**

Name of parent/carer:

Relationship to Child:

Address if different:

Do you have parental responsibility yes ☐ no ☐

Home phone number:

Mobile number:

Work number:

Email:

Please let us know what sessions you require for your child

Term time only ☐

All year round ☐

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Day | 8am | 9am | 1pm | 3pm | 4pm | 5pm |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| All day session | 8am |  |  |  |  | 5pm |

When would you like these sessions to start?:

Term: Date:

Signed: Today’s date:

Printed Name: