



Registration

CHILDS NAME DATE OF BIRTH

FAMILY NAME NATIONALITY

HOME ADDRESS

.....

TEL NO MOBILE

WORK ADDRESS

..... TEL NO

EMERGENCY CONTACT TEL NO

ADDRESS

HEALTH DETAILS OF CHILD any allergies

Impaired Vision/Hearing.....

General Health

What language does your child speak at home

Is your child still in nappies..... yes/no

Which day/s would you like your child to attend.....

Any other Relevant Information.....

Email address.....

PARENT'S SIGNATURE DATE

Deposit paid Start date