



REGISTRATION FORM

Full name of child	
Known as	
Date of birth	
Names of parents	
Home address	
Telephone number	
Email address	

Preferred sessions (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday
AM session 8.45-11.45	AM session 8.45-11.45	AM session 8.45-11.45	AM session 8.45-11.45	AM Session 8.45-11.45
AM Session & Lunch 8.45-12.45	AM Session & Lunch 8.45-12.45	AM Session & Lunch 8.45-12.45	AM Session & Lunch 8.45-12.45	AM Session & Lunch 8.45-12.45
PM Session & Lunch 11.45-3.45	PM Session & Lunch 11.45-3.45	PM Session & Lunch 11.45-3.45	PM Session & Lunch 11.45-3.45	PM Session & Lunch 11.45-3.45
PM Session 12.45-3.45	PM Session 12.45-3.45	PM Session 12.45-3.45	PM Session 12.45-3.45	PM Session 12.45-3.45
All day 8.45-3.45	All day 8.45-3.45	All day 8.45-3.45	All day 8.45-3.45	All day 8.45-3.45

Preferred start date	
Do you feel your child has any additional needs? YES / NO * Delete as appropriate If yes, please give details.	
We use Tapestry, an online learning journal for your child. Please give permission to create an online account by providing the email address you would like to register:	
Will you be claiming funding to cover the sessions? YES / NO * Delete as appropriate 2 YEAR OLD / 3&4 YEAR OLD / 30 HOURS	
Parent/Guardians signature:	
Date:	
OFFICIE USE ONLY Date of birth verified? PASSPORT / B CERT *delete as appropriate	
Signed: Date:	