



## Registration Form

**Child's Details:**

**Date of Registration:**

First name:	Surname:	Date of Birth:
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**Parent/Guardian details**

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes / No			Does this person have parental responsibility? Yes / No		
Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i>					

**Emergency Contact Details** *(please provide details of two people we can contact if we are unable to get hold of you)*

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

**Child's Doctor**

Name of Doctor:	
Address:	Telephone:

**About your child**

Please detail any additional/special needs your child has: (please provide full details)

Please detail any dietary requirements / food allergies for your child: (please provide full details)

Is there anything your child doesn't like (food, games etc) or is scared of?

What are your child's favourite activities?

**Session Times**

Please indicate which sessions you would like your child to attend

<b>Day</b>	<b>Time</b>	<b><i>Please tick</i></b>
Monday	3.30 – 6.00	
Tuesday	4.30 – 6.00	
Wednesday	3.30 – 6.00	
Thursday	4.30 – 6.00	
Friday	3.30 – 6.00	

**Fees Structure**

Monday/Wednesday/Friday ( <i>Rate per day</i> )	£10.00
Tuesday/Thursday ( <i>Rate per day</i> )	£6.00
Weekly Rate	£42.00
Monthly Rate	£168.00

Fees to be paid a week in advance. Fees for any Ad Hoc sessions will be £12.00 per session.

**Signature of Parent/Carer** ..... **Date:** .....