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**Registration Details**

<b>Child's Full name</b>	M / F
Known as	
Date of birth	
Age	
Child's class	

<b>Names of Parents</b>		
Home address		
Home phone		
Mobile phone		
Work phone		
Email address		

**Emergency contact – IMPORTANT: Who can we contact if we cannot reach you?**

Name	
Home Phone	
Mobile phone	

Details of significant health issues, allergies or medical history likely to affect the care of the child:

Details of any medication held in school eg Epi Pen / inhalers:

Details of any additional support/care that may be needed:

Specific dietary requirements or food allergies or significant food & drink preferences:

Any other relevant information that will help us to best care for your child:
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**Booking Requirements**

Type of Booking:	Regular / Ad-hoc
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Sessions requested:			Start date requested:		
	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick					

**Payment method**

Payment can be made by either the School Gateway or with Childcare Vouchers. Please indicate below which option you intend to use as your payment method, by ticking the appropriate box and providing the name of your childcare provider if relevant.

Childcare Vouchers		School Gateway	
Name of Childcare provider			

If you have any queries regarding how you can make your payment please speak with the school office.