

Registration Form

Child's Full Name: _____

Date of Birth: _____

Parent's/Guardian's Full Name: (Mrs/Ms/Miss/Mr) _____

Address: _____

(Postcode) _____

E-mail _____

Telephone Numbers: Day _____

Evening _____

Desired Term of Entry:

Autumn _____ Spring _____ Summer _____ Term, 200_____

Morning Session _____ Afternoon Session* _____

* I would/would not like my child to transfer to morning sessions starting from September 200____ .

I complete this registration form on the understanding that my child will be placed on a waiting list which will operate on a 'first come first served' basis. I will be notified in writing when a place becomes available. To secure this place a non-refundable deposit of £50 will be due within 5 working days of notification.

Signed: _____

Dated: _____