



Child Enrolment Form

Name of Child	
Childs date of birth	

Name of Parent(s) / Guardian	
Address	
Contact telephone Number	
Email address	
Details of parental responsibility and residence arrangements	

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

We are open 50 weeks a year – we are closed for 2 weeks at Christmas

Deposit Amount	£
Deposit Received	

Does your child have any allergies, special diet requirements, health requirements or illness we need to know about?	
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Please make payments to 30-95-52 14487360 using your child's name as the reference