Medical Conditions………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………….

Name of Mother (Mrs, Miss, MS)…………………………………………………………………………………………………………………………….

Name of Father……………………………………………………………………………………………………………….………………………………….

Contact Address…………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………….Post Code………………………..

Contact Telephone number…………………………………………………………………………………..

To whom should we address correspondence?

………………………………………………………………………………………………………………………………………………………………………………

Address…………………………………………………………………………………………………………………………………………………………………

Preferred Hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| National 15 Hours Funded |  |  |  |  |  |
| 30 Hour Extended Entitlement |  |  |  |  |  |
| Additional Childcare Hours |  |  |  |  |  |

Signed ………………………………………………………………………………………………………………………………………..Parent/guardian

Please return this form to the school office.

**School needs to see your child’s birth certificate**. Please bring it to the school office for photocopying.

Thank You

Childs Surname …………………………………………………………………………………………………………..D.O.B………………………………

Childs Forename(s)………………………………………………………………………………………………………Age………………………………..

Known as……………………………………………………………………………………………………………………………………………………………..