



REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

Address: _____

Gender: Female/Male Ethnicity: _____ Religion: _____

Parent's/Carers Names: _____

Contact Numbers: _____

Preferred Days

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Session Timings:

Morning Session 8am - 1pm, Afternoon Session 1 - 6pm, School Session 9am - 4pm, Early Bird Session 7:30 - 8am (Please Circle)

Full Time /Term Time (Please Circle)

Preferred Start Date: _____

Signature: _____ Date: _____



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