REGISTRATION FORM
MORNING WRAPAROUND

Clifton-upon-Teme Early Years Centre

Child's name (in full) …………………………….   Date of Birth ……………

Child's name (in full) …………………………..   Date of Birth ……………

Names of Parent/Carer 1 ……………………….   Parent/Carer 2 …..…………………….

Address …………………………………………….

…………………………………………….

Post code ………………………………………

Tel Numbers (Home) ………………………………

Work (1) ………………………………..   **Mobile (1)** ………………………..……

Work (2) ………………………………..   **Mobile (2)** ………………………..……

Email address ……………………………………………………………………………

(Please give full details of who has Parental Consent & legal Contact on the encloses entry information form)

When would you like your child to start wraparound……….………. (Term Time Only)

On the following days**:**

Day	Hours are 7.30am to 8.30am	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Signature……………………………………… (Parent/Carer 1)   Date ……………

Signature……………………………………… (Parent/Carer 2)

(I/We acknowledge the Nursery's terms & conditions and confirm that we will be responsible for the nursery's fees for the above child/children.)

A non-refundable deposit (including a £50 Administration Fee) of £100 is payable upon registration. This will be offset against the first months invoice.