



# REGISTRATION FORM

## BEFORE & AFTER SCHOOL CARE AND HOLIDAY CLUB

Child's Name: ..... Date of Birth: .....

Child's Preferred First Name: .....

Address: .....

Postcode: ..... Home Phone No: .....

School: ..... School Class/Year: .....

1. Parent/Carer Name: .....

Relationship to child: .....

Mobile No.: ..... Work No.: .....

2. Parent/Carer Name: .....

Relationship to child: .....

Mobile No.: ..... Work No.: .....

Email address for contact: .....

*Please only use email addresses that are regularly checked.*

Doctors Surgery: ..... Phone No.: .....

Any known allergies? (e.g. dairy, nuts, plasters, suncream)

Does your child receive any special treatment or have any special needs?

*(e.g. asthma, eczema, fits, convulsions e.t.c.)*

Please indicate which services you are interested in?

Breakfast and After School Care  Holiday Club

Please indicate which contract you are interested in for breakfast and afterschool care?

Annual Term-time  Half-term only  \*please refer to fees and booking policy

To be able to register your child at The Hollies Pre-school we require a non-refundable £25 deposit, which will be deducted from your child's fees at the start of their first term.

**Please return this form and deposit to The Hollies Pre-school, c/o Liz Taylor, Hazelbadge Road, Poynton SK12 1HE (cheques made payable to 'The Hollies Pre-school')**

Office Use:

Date received: \_\_\_\_\_

Deposit received: