



Enrolment Form

Childs Name: _____

Address: _____

Date of Birth: _____

Parents Name: _____

Parents Address: _____

Parents Email Address: _____

Parents phone Home : _____ Mobile: _____

Carers contact Name : _____ Number : _____

If your child has any additional needs, could you let the room leaders know.
The information on this form will be treated in the strictest confidence.

Hours of business

Monday – Friday 09:00 to 12:00 noon

Fees, where they apply must be paid each Monday