



CLEVER CLOGS PRE-SCHOOL REGISTRATION FORM

Child's Name: Date of Birth:

Preferred Name:

Address:

Postcode:

Home Phone No:

Email address:

1. Parent/Carer Name:

Relationship to child:

Mobile No:

2. Parent/Carer Name:

Relationship to child:

Mobile No:

Does your child have any additional needs?

(e.g. asthma, eczema, fits, diabetes e.t.c.)

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Do you have any concerns about your child's learning and development?

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When do you want your child to start?

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We are open **9am - 4pm** (*mon, tue, wed, fri*) and **9am - 1pm** (*thursday*).

What type of sessions do you want?

(please circle the sessions you want and state how many per week)

Mornings

Afternoons

All day

****Please complete and return this form to Clever Clogs Pre-school or alternatively email to enquiries@cleverclogspreschool.co.uk***