

Childrens Learning Centre



tel: 01243 372015 email: clcemsworth@gmail.com website: www.clcemsworth.co.uk

HOLLY Registration Form

Child Details

First Name:				Gender:					
Surname:				Date	e of Birth:				
Preferred Name:				Nationality:					
Proposed date	of entry:			Type of care			All Year		
Name of Doctor				GP practice and telephone number					
Immunisation (details:			1 ****1		<u> </u>			
Home address:	;								
	1								
					Post (Code:			
Does your child have any specific learning difficulties, special needs or medical conditions of any kind, including dietary requirements? Yes or No								es or No	
If Yes, please o				,					
Preferred sessi	ons:	Monday	Tuesdo	ıy	Wednesdo	ıy	Thursday	Friday	
Indicate times:									
Parent/Carer	1 Relatio	nship to child	d				al responsi	bility YES/NO	
First Name:				Plac	Occupation (optional): Place of work				
Surname:				Nati	Nationality:				
Address:		(if different from above)							
					Pos	t Code:			
Telephone Nos	:								
Home:				Mobi	le:				

First Name:		Occupation (opti						
Surname:		Nationality:						
Address:	(if different from above)	f different from above)						
		D	. C. J. T					
		Pos	t Code:					
Telephone Nos:								
Home:		Mobile:						
Work:		e-mail address:						
		1						
We require 2 contact numers an emergency, other than	1							
It is your responsibility under thave their details & that we memergency to collect your child name and relationship to child	2							
,								
Authorised people to coll (Please state name, telephone relationship to the child)								
Notes								
places are subject to avai made, a contract will be s Childrens Learning Centre	lability and the admission sent to parents to completon. This deposit is refundable	requirements at the and a deposit of le without interest f	ne time. C £150.00 From the f	hey are received. Offers of once the offer of a place is will then be payable to the inal term's fees. Statement can be found				
We understand the Terms as circumstances require of the General Data Prote personal information about to this for the purposes of welfare of the child. We are circumstants as a second content of the child.	and Conditions of the Ce and will apply in all our d ging Director, as the perso ection Regulations and t at our child, including sensi assessment and, if a place	ntre will undergo re lealings with the Co on responsible) may, the Data Protection tive information suc e is later offered, in Centre may contact	easonable entre. W in accord Act 201 ch as med order to	entre as a prospective pupil, changes from time to time to also understand that the lance with the provisions of 7, obtain, process and hold ical details, and we consent safeguard and promote the time to time for the purpose				
Parents/Guardian Sign	ature							
First Signature:		Second Signatur	·e:					
Name in full:		Name in full:						
Date:		Date:						