

Childrens Learning Centre



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

PRE-SCHOOL Registration Form

Child Details

First Name:		(Gender:					
Surname:]	Date of Birth:					
Preferred Name:		1	Nationality:					
Proposed date of entry:			Type of care 2yrs 9m		mths-3yrs	3-4+yrs		
Name of Doctor			All Year	Mulberry		Willow		
GP practice and telephone number		I		1	I			
Home address:								
		Post Code:						
Does your child have any medical conditions of any					Yes	s or No		
If Yes, please give details								
Preferred sessions:	Monday	Tuesday	Wednesdo	Wednesday T		Friday		
Indicate times: 8-12,								
12.30-4.30 or 8-4 (up								
to 6pm if required)								
Parent/Carer 1 Relationship to child Parental responsibility YES/NO								
First Name:			Occupation (opt	ional):				
		Place of work						
Surname:			Nationality:					
Address:	(if different from above)							
					1			
			Pos	st Code:				
Telephone Nos:			Pos	st Code:				
Telephone Nos: Home:			Pos 1obile:	st Code:				

Parent/Carer 2	Relationship to child	P	arental	responsibility YES/NO
First Name:		Occupation (optional): Place of work		
Surname:		Nationality:		
Address:	(if different from above	e)		
		Pos	st Code:	
Telephone Nos:				
Home:		Mobile:		
Work:		e-mail address:		
We require 2 contact numbers to use in case of an emergency, other than your own. It is your responsibility under GDPR, to inform them that we have their details & that we may contact them in an emergency to collect your child if required. (Please state name and relationship to child)		1		
		2		
·		1		
Authorised people to (Please state name, teleph relationship to the child)				
Notes				
places are subject to d made, a contract will Childrens Learning Ce	commended. Registrations wavailability and the admission be sent to parents to comple ntre. This deposit is refundal	n requirements at thete and a deposit of ble without interest j	te time. (£150.00 from the f	Once the offer of a place is will then be payable to the final term's fees.
on the centre websi		ita i iotection and	Titvacy	Statement can be jound
We understand the Teas circumstances requested the Mentre (through the Mentre Centre I Data Propersional information and this for the purpose welfare of the child.	pove-named child be registered rems and Conditions of the Color and will apply in all our anaging Director, as the persection Regulations and about our child, including senses of assessment and, if a planker also understand that the contabout the Centre and its contabout the Centre and its contabout the contabout the Centre and its c	Tentre will undergo redealings with the Coson responsible) may the Data Protection sitive information succe is later offered, in Centre may contact	easonable entre. W , in accord Act 201 ch as med . order to	e changes from time to time Ie also understand that the dance with the provisions of 7, obtain, process and hold lical details, and we consent safeguard and promote the
Parents/Guardian S	ignature			
First Signature:		Second Signatu	re:	
Name in full:		Name in full:		
Date:		Date:		