



Form

CHILD

Full name	DOB	Ethnicity	Gender	Are they fully toilet trained? <i>We only take children over the age of 3 who are fully toilet trained</i>
		1 st Language		
		2 nd Language	Female <input type="checkbox"/>	
Do they have any special needs you are aware of? Please explain.		Do they have any medical conditions you are aware of? Please explain.		

PARENT/CARER

Mandatory		Optional	
1 st Parent/Carer Full name		2 nd Parent/Carer Full name	
Relationship		Relationship	
Phone number		Phone number	
Email address		Email address	
Address		Address (if different)	
Occupation		Occupation	
Emergency NEXT OF KIN CONTACT Full name and relationship	Emergency NEXT OF KIN Address	Emergency NEXT OF KIN Phone no.	We may use audio or visual recording for learning or our marketing purposes. If you do not want your child to be included, please tick the box. <input type="checkbox"/>

