

# CHILD REGISTRATION FORM



CHILD INFORMATION					
Surname		DoB			
First Name(s)					
Address					
PARENT'S/CARER'S INFORMATION					
Name					
Address (if different from above)					
Daytime Telephone		Mobile			
Email					
ATTENDANCE & PREFERRED NURSERY/PARTNER PROVIDER					
Days required H - Half Day F - Full Day	Mon	Tue	Wed	Thur	Fri
Does your child attend another pre-school setting? If so, which one?					
If attending another setting, which days should funding be allocated to CVN? *	Mon	Tue	Wed	Thur	Fri
When would you like your child to start?					
Signature				Date	

\*30 Hours of funding available to every child from the term after their 3rd birthday.