

Enrolment form

Please complete the following form

Students Name………………………………………………………………………………… Date of Birth………………………………………..

Address………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Post Code……………………………

Telephone number (include STD) home………………………………………………………………………………………………………………………

Work or mobile if different from the above………………………………………………………………………………………………………………..

Email address……………………………………………………………………………………………………………………………………………………………..

School/Nursery attending…………………………………………………………………………………………………………………………………………….

Parents/Guardians names…………………………………………………………………………………………………………………………………………….

Please list any illness or medication taken that our staff need to be aware of, I.e. Asthma, Diabetes etc………………………………………………………………………………………………………………………………………………………………………………………………

Previous experience if applicable …………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………………………………

Please state below the class/classes you want your child to attend

………………………………………………………………………………………………………………………………………………………………………

GDPR

Please read these carefully:

We will always keep your personal details confidential and secure.

I am happy to be contacted by email: yes no

I am happy to be contacted by phone (in an emergency): yes no

I am happy to have my childs(ren) pictures taken and used on our website: yes no

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Print your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_