



PRENTON PENGUINS

REGISTRATION FORM

Name of child: _____ Date of Birth: _____

Preferred Name (if different from above): _____

Name of persons with
Parental Responsibility:

Name	Relationship to child

Home Address: _____

_____ Post Code: _____

Telephone Numbers: _____

Email Address: _____

Has your child any ALLERGIES, ILLNESSES or ADDITIONAL NEEDS? YES ☐ NO ☐

If YES, please give details: _____

Please state your preferred START DATE: _____

Please tick
(✓) the
sessions
you require
in the table:

	Morning Session	Lunch	Afternoon Session
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

IF THE SESSIONS YOU HAVE REQUESTED ARE UNAVAILABLE WOULD YOU BE TO ACCEPT ALTERNATIVE DAYS?

YES ☐ NO ☐

I have enclosed the non-refundable administration fee of £25 if applicable (see prospectus for details)

SIGNED (Parent/Guardian): _____ Date: _____