 **Registration Form**

 For babies in mums tum

|  |  |
| --- | --- |
| Your child’s expected date of birth |  / /  |
| If Known (please circle) |  Boy Girl |
| Your name |  |
| Relationship to child |  |
| Your partner’s name |  |
| Relationship to child |  |
| Your home address | Postcode: |
| Your daytime and mobile telephone numberBest time to call? (please circle) | Daytime MobileMorning Afternoon Evening |
| How did you hear about us? |  |

Which sessions would you like your child to attend?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session** | **Mon**  | **Tues** | **Wed** | **Thurs** | **Fri**  |
| Full day(7.30am-6.00pm) |  |  |  |  |  |
| Morning only(7.30am-1.00pm)  |  |  |  |  |  |
| Afternoon only(1.00pm-6.00pm) |  |  |  |  |  |

|  |
| --- |
|  / /  |

Preferred Start date:

|  |
| --- |
|  |

Signed

Date: