 **Registration Form**

For babies in mums tum

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| --- | --- |
| 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 number  Best time to call? (please circle) | Daytime  Mobile  Morning 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) |  |  |  |  |  |

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| --- |
| / / |

Preferred Start date:

|  |
| --- |
|  |

Signed

Date: