



WAITING LIST REGISTRATION FORM

SURNAME

CHILD'S NAME

CHILD'S DATE OF BIRTH

PARENTS' NAMES

ADDRESS

.....

..... POST CODE

TELEPHONE NUMBER.....

ANY ALLERGIES/ILLNESSES

PLEASE CIRCLE PREFERRED DAYS: MON TUES WEDS THURS FRI

- I would like my child to attend Rising 3s
(4 sessions, prior to child's 3rd birthday) YES/NO*
- I am / am not* able to help on parent rota

(*please delete as appropriate.

It would be useful for our records if you could advise us whether you have any other children. Could you please provide their name and date of birth

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