

MARISH MEERKATS REGISTRATION FORM



Child's Name:	Class:
Date of Birth:	Male/Female:

Days & Time (please tick all you require):

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm
<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm	<input type="checkbox"/> 4.00pm-5.30pm

Mini Meerkats (Nursery/ Reception):

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm	<input type="checkbox"/> until 4.00pm
<input type="checkbox"/> 4.00pm-5.00pm	<input type="checkbox"/> 4.00pm-5.00pm	<input type="checkbox"/> 4.00pm-5.00pm	<input type="checkbox"/> 4.00pm-5.00pm	<input type="checkbox"/> 4.00pm-5.00pm

Home Address: _____

Telephone Numbers – Home: _____ Mobile: _____

Emergency Contact Name and Number: _____

6 letter password for security: _____

Does your child have any medical conditions? Yes/No

If yes, please state: _____

Does your child have any known allergies? Yes/No

If yes, please state: _____

Does your child require any specific dietary requirements? Yes/No

If yes, please state: _____

Any other information:

Signed: _____ Date: _____

(parent/carer)