

# Bright Beginnings



## Registration

Child's Surname.....

First Name.....D.O.B .....

Surname of Parent .....First Name .....

Residential Address .....

Postal Address .....

Telephone (daytime) ..... Mobile .....

\*Email .....

### **DISABILITY/MEDICAL CONDITION?**

Please indicate if your child has any form of disability or medical condition (and outline the nature of this below). This information will assist the school in providing the best care for your child.

**Disability**.....

.....

**Medical**.....

.....

Parent Signature .....

Date .....



\*Our preferred method of contact is email