

Little Companions Registration Form

Child's details:

Full Name of Child 1: _____

D.O.B _____ Age: _____

Address: _____

Allergies/medical conditions/special needs: _____

Child 2: _____

Child 3: _____

D.O.B _____ Age: _____

D.O.B. _____ Age: _____

Allergies/medical conditions/ special needs _____

Allergies/medical conditions/ special needs _____

Parent contact details:

Name of main contact: _____

Relation to child: _____

Home Tel: _____

Mobile: _____

Email: _____

In an emergency if the main contact is not reachable please give an alternative contact:

Name: _____

Relation to child: _____

Home Tel: _____

Mobile: _____

Terms and conditions

I confirm that I have read and understand the terms and conditions as outlined in the Little Companions' prospectus and agree to abide by them.

I agree to the discipline rules and accept that if my child behaves in an unruly manner and/or bullies fellow students the teachers can remove him/her from class and contact me.

I agree to pay the fees on the due date. I understand that failure to pay on the due date may result in my child losing his/her place. I further agree that fees will not be refunded for any absences.

I give permission to take photos / record my child for display and IslamBradford website Yes No

I declare that I have responsibility for the above named child and that the information on this form is correct to the best of my knowledge and that if any changes occur I will notify the organisers.

Signed (parent/guardian): _____ Date: _____

Office use

Date of admission:

Any applicable discount:

Total fees payable: