

PRESCHOOL GYMNASTICS WAITING LIST FORM

Name of Child:		Gender:	
Age:		Date of Birth:	
Year your child is expected to start school:	August 20_____		
Child home address: (if different from below)			

Please could you state any experience your child may have had:

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The following information must be completed by the child's parent/guardian:

Title		Name:		Date of Birth:	
Relationship to Child:					
Home Address:					
				Postcode:	
Tel (Home):		Work:		Mobile:	
Email:					

Emergency Contact:

Name & Relationship :		Tel:	
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Please list below any medical conditions, which your child has, that we should be aware of:

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- Does your child have a disability that we should be aware of? YES / NO

If yes, we may contact you on the telephone number given on this form to discuss any additional support needs your child may have.

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Data Protection: We will maintain your details securely in accordance with the Data Protection Act.

Declaration

I hereby declare that I have completed the above information to the best of my knowledge and that all information is accurate at the time of completion.

Sign _____ Date _____

Staff Use Only

Facility _____ **Staff Name** _____ **Date received** _____

Membership / Scuba Number _____