

Centre Registration Form

**Please complete all sections of the form**

|  |  |  |
| --- | --- | --- |
| **Family Name** |  | **Office Use Only** |
| **Your First Name** |  |  |
| **Contact Address** |  |
| Address Line 2  |  |
| Address Line 3 |  |
| Post Code |  |
| **🕿Home** |  |
| **🕿Mobile** |  |
| **🕿University Ext** |  |
| **University Department** |  |
| **Email Address**  |  |
| **Other Email Address** |  |

Are you the Mother/Father/Guardian of the child…………………………………...

Your Nationality ...............................Your child’s first language……………………..

Are You University Staff University Student Other ………………………..

About your Partner/Spouse

Name …………………………………………

Occupation.............................................................................................................

Employer’s Name………………………………………………………………………..

**Details of child/children for whom you are applying for a place in the Centre**

Name of child ....................................................................... Age ......................

Sex (male or female) Date of Birth ..................................

If not yet born, expected delivery date…………………………...............................

**We would appreciate if you would let us know when your baby has been born.**

Name of child ....................................................................... Age ......................

Sex (male or female) Date of Birth ..................................

If not yet born, expected delivery date…………………………...............................

**We would appreciate if you would let us know when your baby has been born.**

The Centre operates two sessions per day. The morning session is from 8.00am to 1.00pm and the afternoon session is from 1.00pm to 5.50pm. Please indicate on the grid below the sessions you are likely to need. These can be changed at a later date if you wish. **Please note the Centre does not offer term time only places.**

**Your Childcare Requirements**

**Session Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8.00am-1.00pm |  |  |  |  |  |
| 1.00pm-5.50pm |  |  |  |  |  |

On what date would you want your place?

.................................................................................. Year ……………………………

How old will your child be on that date?

..................................................................................

Does your child attend any other childcare provider?..........................................

**Further Information**

Please write here anything else you would like to be considered in support of your Centre registration

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If your child is absent from the Centre for any reason including sickness, sickness with exclusion and holidays then these sessions must be paid for.

Signature of Parent/Guardian.

...................................................................................................................

Date ................................................

Where did you hear about Bright Beginnings Childcare Centre? ……………………………………

**This form should be completed and returned along with the non - refundable**

**£40.00 Registration Fee for the attention of:**

Bright Beginnings Childcare Centre

Mount Preston Street

Leeds

**Office Use**

**Date Received**

**ParentMail**

**Place Offered**

**Staff Initials**

LS2 9NQ

🕿 Leeds (0113) 3431818

🖂 brightbeginnings@leeds.ac.uk