Little Regent

(For Office Use)

CHD Number	
Start Date	DD / MM / YYYY

Please attach 3 Recent Passport Photograph

APPLICATION FORM

(Please complete in BLOCK CAPITALS)

CHILD'S DETAILS

FIRST NAME		FAMILY NAME	
DATE OF BIRTH DD / MM / YYYY	NATIONALITY	GENDER	M ☐ F ☐

PARENT'S DETAILS

MOTHER	FATHER
FIRST NAME	FIRST NAME
NATIONALITY	NATIONALITY
MOBILE NUMBER	MOBILE NUMBER
EMAIL	EMAIL
EMPLOYER	EMPLOYER
WORK NUMBER	WORK NUMBER

GUARDIAN DETAILS

NAME	MOBILE NUMBER
RELATIONSHIP TO CHILD (AUNT/UNCLE/DRIVER/NANNY, ETC)	

EMERGENCT CONTACT

Who do you want us to contact in an Emergency?	☐ MOTHER ☐ FATHER ☐ OTHER
If other, please give details	
TELEPHONE NUMBER	

GENERAL INFORMATION

Is there any information which you feel we should be aware of if so, please give details below

PREFERRED TIME SCHEDULE

07:00 - 14:00 ☐	07:00 - 17:00 ☐

PLEASE ATTACHED THE FOLLOWING DOCUMENTS WITH THIS APPLICATION FORM

☐ 1 photocopy of your child's Birth Certificate	☐ 3 Passport size photographs of your child
☐ Parent Agreement Signed	☐ Medical Form and Medical Consent Signed