

# Cygnets Education and Childcare Trust

## Cygnets Registration Contract – Website Version

Child's first names:		Known as:	
Surname/Family Name:		Date of Birth:	
Home address:		Home tel no:	
		Email Address:	
		Postcode:	
Parent/Carer 1: (with whom the child normally lives)	Mr/ Mrs/Miss	Relationship to child:	
Employer:		Work address:	
Work telephone no:			
Mobile no:			
Does this person have <b>LEGAL</b> parental responsibility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/Carer 2:	Mr/ Mrs/Miss	Relationship to child:	
Work telephone no:		Work name & address:	
Mobile no:			
Telephone No:			
Does this person have <b>LEGAL</b> parental responsibility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and telephone number of someone who can be contacted if you cannot be reached:			
Doctor's name and address:			
			Telephone No:
School you think it likely your child will attend:			
Record of immunisation:			
Medical/educational special needs (e.g. hearing, speech):			
Any special dietary requirements:			

*We ask that you show proof of Date of Birth e.g. Birth Certificate, Passport or Child Benefit confirmation with this form. Where there is joint parental responsibility, in signing this form both parents are deemed to agree.*

*I have read the terms & conditions and enclose £85 (made up of a £50.00 deposit which is only refundable against the first month's fees and £35.00 which is a non-refundable registration fee – cheques should be made payable to Quinton Cygnets)*

*I agree to pay for the cost of any funded hours taken which are not paid for by the Local Authority Funding Office (e.g. In the event of a child leaving us before the 'headcount date; poor attendance or persistent late drop offs or pickups).*

*I give permission for Cygnets to share information with other relevant professionals. See Privacy Statement for details.*

Signed: (Parent/Carer)		Date :	
Signed: (for Cygnets)		Date :	

Home language (not mandatory):	
Religion (not mandatory):	

Preferred start date:		Term time or Full time? (please circle)		
Please state preferred sessions:  <i>We note your preference for particular sessions and we will try to accommodate them wherever possible. Sometimes we may not be able to offer exactly what you require and, in these circumstances, you will be given a list of alternative available spaces. All spaces are allocated on a first come, first served basis.</i>  <i>Please circle sessions required.</i>	Monday	AM	LUNCH	PM
	Tuesday	AM	LUNCH	PM
	Wednesday	AM	LUNCH	PM
	Thursday	AM	LUNCH	PM
	Friday	AM	LUNCH	PM
	Meals required: (please circle)	Breakfast?		
		Packed or Cooked Lunch?		
	Tea?			

Preferred method of payment:	
<i>Please tick the appropriate box to state preferred method of payment:</i>  <i>All payments should reach us by the due date regardless of payment method.</i>  <b>PLEASE NOTE:</b> <i>If paying via the internet we require an email on the day confirming payment has been made. If we do not receive an email you may be charged a late payment administration charge.</i>	Cheque / Cash
	Internet payment
	Standing order
	Childcare Voucher
	Please inform us if you wish to change your preferred method of payment.

For Office Use:					
Start Date:					
Sessions (if different from over):					
		Tuesday	AM	LUNCH	PM
		Wednesday	AM	LUNCH	PM
		Thursday	AM	LUNCH	PM
		Friday	AM	LUNCH	PM
Waiting List For:	Monday	Tuesday	Wednesday	Thursday	Friday
Deposit & Registration Fee Received:					
Proof of Date of Birth has been seen:					
Induction session date:					
All forms received:					