**Teddies Application Form**

Please fill out the following details for our records so we are able to add your child/children to our list once the registration fee of **£25.00** has been received.

**Please make payment by bank transfer where possible.**

**Bank transfers to Lloyds Bank, Sort code 30-96-17 Account Number 04088110**

Please keep us updated of any changes.

Child’s Full Name ……………………………………… DOB……………………………………………..

1st Parent/Legal Guardian/Carer Name…………………………………………………………………

2nd Parent/Legal Guardian/Carer Name……………………………………………………………….

Address……………………………………………………………………………………………………………………….

Post Code………………………………..

Telephone……………………………….

Email…………………………………………………………………………………

Allergies/Intolerances/Medical Conditions………………………………………………………..

**Please complete this section to indicate which sessions you would like for your child/children.**

|  |  |  |  |
| --- | --- | --- | --- |
| Monday Am 09.00 – 1200 PM 12.00 - 15.00   | Tuesday Am 09.00 – 1200 PM 12.00 - 15.00  | Wednesday Am 09.00 – 1200 PM 12.00 - 15.00  | Thursday Am 09.00 – 1200 PM 12.00 - 15.00  |
| am  | pm  | am  | pm  | am  | pm  | am  | pm  |

Fees:- £5.50per hour for non funded children. An additional Item fee of £1.00 per session for non-educational consumables for children who receive government funding (Subject to change).

Signature………………………………………… Date………………………………..