



Child Registration Form

Name of child _____

Date of Birth _____

School _____

Class _____

Home address _____

Home tel: _____

Email: _____

Place of work (Mother)

Work tel: _____

Mobile _____

Place of work (Father)

Work tel: _____

Mobile _____

Email _____

Emergency contact **MUST NOT BE PARENTS**. Friend/Grandparents someone I can call in an emergency if you are not available

Correspondence – Gloucester Hall, Gloucester Gardens, Bagshot, Surrey, GU19 5NU





Doctors surgery _____

Allergies / Special diet / Health requirements / Illnesses _____

Days required (please circle)

Monday / Tuesday / Wednesday / Thursday / Friday

Start date _____

Name of parent/Carer _____

Signature _____

Date _____

Please note that a £100 non-refundable deposit is required to secure the space for your child. If you subsequently fail to take the space your deposit will be retained otherwise it will be returned to you at the end of your final month.

Payment can be made direct to our bank account.

Name: Stepping Stones

Sort code: 20-16-99

Account number: 53446670

Correspondence – Gloucester Hall, Gloucester Gardens, Bagshot, Surrey, GU19 5NU

