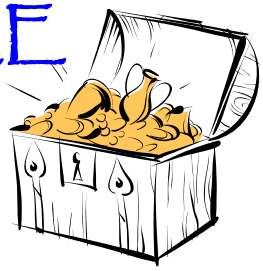
KIRSTY'S LITTLE TREASURES

UNLOCKING YOUR CHILD'S POTENTIAL



REGISTRATION FORM

Child's Name: _____Dob or Due Date: _____

Address: _____

_____

_____

_____

_____

Contact Number: _____

Attendance Required:

Days:		Meals:		
		Breakfast	Lunch	Tea
Monday:				
Am	Pm			
Tuesday:				
Am	Pm			
Wednesday:				
Am	Pm			
Thursday:				
Am	Pm			
Friday:				
Am	Pm			

My/our child will start at Kirsty's Little Treasures on: _____

With the completion and return of this registration form I/we enclose a non-refundable registration fee of £40.00.

Signed _____ Signed _____

Full Name _____ Full Name _____

Date _____ Date _____

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