



Introduction Registration Form

Weston

Grosvenor

Corsham

Broadwood

Atworth

Melksham

Child details	
First name	Surname
Date of birth / due date	Expected start date

Required times	am	pm	funded only	full day	Why did you choose Snapdragons?
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Parent / Guardian details	
Parents' names	Telephone (Work) Telephone (Mobile)
Address	E-mail
Telephone (Home)	Preferred method of contact <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail

Office use only	
Date form received	Date parent contacted to confirm receipt
Date registration fee paid	Manager name

Communication details		
Date	Comments	E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/>
Initials		
Date	Comments	E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/>
Initials		
Date	Comments	E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/>
Initials		
Date	Comments	E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/>
Initials		
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Initials		