# REGISTRATION FORM 2023-2024

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| --- | --- |
| Child’s full name |  |
| Child’s D.O.B |  |
| Parent 1 name |  |
| Parent 2 name |  |
| Full address (where child lives) |  |
| Parent 1 phone numbers | H:  M:  W: |
| Parent 2 phone numbers | H:  M:  W: |
| Parent 1 email |  |
| Parent 2 email |  |
| Nationality |  |
| Religion |  |
| Preferred start date |  |
| **Preschool** (from 2yrs 9mths) days for attending morning sessions. Minimum of 2 sessions required.  Afternoon sessions. | M T W T F    M T W T F |
| **Cubs** (from 2yrs 0mths to 2yrs 9mths). Minimum of 2 sessions required. | T W T |
| Any other relevant information (allergies,medical, funding entitlement etc.) |  |
| How did you hear about Jigsaw? |  |
| Parent/Guardian signature and date |  |