

REGISTRATION FORM & WAITING LIST

Kindly complete, **sign and return a paper copy** to: THE LITTLE RED HEN, c/o 11a
Tremaine Road, London SE20 7UA.

Child's name Date of birth

Mother's name Father's name

Occupation Occupation

Address

Telephone: (Home) (Work)

Mobile:

Email address:

Child's doctor's name:

Address:

Telephone

Proposed entry term Sept/Jan and year No. of Morning sessions:.....

Special information about your child (if any):

.....

(Please tick):

I have read and accept the terms and conditions of the prospectus.

I have paid the £80 registration fee.

Signature of Mother

Signature of Father

.....

.....

Date:

School use only:

Registration fee:

Deposit:

Place accepted: