**ELECTRONIC REGISTRATION FORM**

**Please email completed registration form to** **childrencentre@thewillow.haringey.org.uk**

**PLEASE WRITE CLEARLY IN CAPITALS**

**PARENT/ CARER’S NAME:**

**MR. /MRS. / MISS. / MS. (HIGHLIGHT)**

**NAME OF CHILD:**

**DATE OF BIRTH: GENDER: BOY/GIRL (HIGHLIGHT)**

**ADDRESS**

**POSTCODE:**

**TELEPHONE:**

**MOBILE:**

**FEE PAYING (PLEASE HIGHLIGHT ‘FEE PAYING’ IF YOU WILL BE PAYING FOR YOUR CHILD’S CHILDCARE)**

**DAYS REQUESTED (HIGHLIGHT):**

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

**15 HOURS WHEN MY CHILD TURNS 3 YEARS (FREE PLACE)**

**FREE FOR 2’S**

**ADDITIONAL INFORMATION:**