



# EARLY START

## Numeracy and Literacy

APPLICATION FORM

### Child's details

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender  Male  Female

### Parent/Guardian details

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home phone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Email \_\_\_\_\_

### Emergency contact details (other than parents)

Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone no. \_\_\_\_\_

2nd Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone no. \_\_\_\_\_

### Medical details

Does your child have an allergy or medical condition?  YES  NO If yes please specify below.

Is your child immunized?  YES  NO

### Photography

Please state permission for use of photographs of your child:  YES  NO

If YES please specify if you do not wish for your child's photo to be displayed in the following:

Photos may be included in:

Newsletter  Blog  Workbooks/Folders  Displayed work  Websites

### Suggestions

What is important for you and your child

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_