

Enrolment Contract.

Child's Name	Person with parental responsibility:
Address	
Telephone Number Day & Evening	Email Address
Relationship to the child:	

Please circle which days you would like your child to attend.

Monday	Tuesday	Wednesday	Thursday	Friday
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First session date
 / /

Please indicate which times you would like your child to attend on each day (e.g. 8am-1pm, 1-6pm, 8-6pm)


Monday	Tuesday	Wednesday	Thursday	Friday

Fees are as follows: £..... (Insert amount) per child per session/ hour

There is a (insert amount) % reduction for any second child places booked in the same session (if applicable)

All fees are payable within (Insert as appropriate)
 Payment methods can be either cash or cheque made payable to
 (Insert Name)

Please Sign

I have received a copy of the setting prospectus/parent handbook.	
I have seen copies of all the setting policies and procedures and agree with this information.	
I understand that I may withdraw my child at any time by giving (insert length of	

time) notice.	
I give consent for my child to be escorted on daily outings in line with EYFS requirements.	
I hereby give my consent for the information given above to be held on file in compliance of the Data Protection Act 1998.	

Person with parental responsibility Signature	Date
Manager's/Owner's/Chair's Signature	Date

SAMPLE