



The Little Angels – Enrolment Form (2012-2013)

To receive a place for your child at the [Little Angels Playgroup](http://www.littleangels.com.ly); please print, fill and sign this form.

Date of Enrolment:

Sessions required for your child *(Please confirm the sessions you wish your child to attend)*.

9 am – 1.30 pm 9 am – 1.30 + extended hours (How many extra hours required)

Child's Details

Childs Name:

Date of Birth/ Age: Gender:

Address:

Nationality:

Family Language:

Parent's Contact Details

In case we need to contact you for any reason while your child is in our care, please complete the following:

Mother's Name:

Mother's Office: Tel No:

Father's Name:

Father's Office: Tel No:



Other Contact Details:

In the event that we are unable to contact either parent, please provide the details of a friend/relative who we may contact.

Name:

Tel No: **Relationship to Child:**

In the event we are unable to contact you in an emergency please supply us with the name and address of your child's doctor.

Doctors Name:

Hospital/Clinic: **Tel No:**

Other Information

Please give details of any allergies, health problems or special needs your child has and whether medication needs to be given during the day. Please give details of any special dietary requirements your child has. Please provide any other information you feel we should know about your child.

Parent's signature: **Date:**

To enable us to continue to give the service our parents would like, we would be grateful if you would answer the questions below. Many thanks.

1. How did you hear of **'The Little Angels'**?

2. What prompted you to choose **'The Little Angels'**?

