



Registration Form

Thank you for your interest in The Square School.

Please complete this form and return it to the school if you would like to register your child for a place at The Square School. Please note that a place is only guaranteed on receipt of a deposit.

Term to start

Child's full name

Date of birth

Address

.....

Telephone number

E-mail address

Parents names

How did you hear about the school?

Place required MORNING / AFTERNOON / ALL DAY / FULL TIME

Days place required MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

Parental Agreement

I wish to register the above child for the above sessions

I enclose a non-refundable registration fee of £80

I agree to the Terms and Conditions of The Square School.

Cheques can be made payable to "The Square School" or bank transfer to:

The Square School/Account no:42470349/sort code:40/01/06 : Ref. your child's name

Signature

Date