 St Wilfrid’s Catholic Primary School

Toddler Group

Enrolment Form

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| --- | --- |
| Childs Name | Date of Birth |
| Child 1 |  |
| Child 2 |  |
| Address: |
| 1 Parent/Guardian Name: Telephone:2 Parent/Guardian Name: Telephone: |
| Preferred Email Address: |
| Alternative Emergency Contact 1: Telephone:Alternative Emergency Contact 1: Telephone: |
| Any siblings in School: YES / NO Year Groups:  |
| Please make us aware of any medical conditions and or allergies: |
| Signed: Print Name:Date: |

