 St Wilfrid’s Catholic Primary School

Toddler Group

Enrolment Form

|  |  |
| --- | --- |
| 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: | |

