 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: Year Groups: | |
| Signed: Print Name:  Date: | |

