Chalkhouse Childcare Services

REGISTRATION FORM

Name of child: _____

Date of birth: _____

Sessions required: _____

(minimum 2 per week) _____

_____

_____

_____

Start date: _____

Parent's name: _____

Phone number: _____

Email address: _____

Monthly fee   **Deposit**

Amount   [   ]   Amount   [   ]

Please pay deposits to the below account, quoting your child's name as reference, and email chalkhousehenry@gmail.com once paid.

SORT CODE: 20-71-06

A/C NUMBER: 43958663

A/C NAME: Chalkhouse Childcare Services

All deposits will be returned in month 4 after 3 paid invoices

Parent/carer signature: _____   Date:_____