



Ferring Funtime Community Pre-school

Registered Child - Change of Admission Details

Child First Name	<input type="text"/>	Surname	<input type="text"/>
Middle Name	<input type="text"/>	Date of Birth <i>dd/mm/yyyy</i>	<input type="text"/>

Record Update

I wish to amend/update the following information;

Primary Contact	<input type="checkbox"/>	Dietary	<input type="checkbox"/>	Permissions	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other Contact	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Allergy	<input type="checkbox"/>		

Contact Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Home Tel	<input type="text"/>
Mobile No.	<input type="text"/>	Work Tel	<input type="text"/>
email	<input type="text"/>		

Notes:

Signature _____

Date _____

Print _____

Processed by _____