

Registration Form

Child's Surname:	Date of birth:		
Child's First Name:	Child known as (if different):		
House number/name:	Street Name:		
Town:	Postcode:		
Home telephone number:			
Mother's name:	Father's name:		
Mother's contact number:	Father's contact number:		
Mobile number:	Mobile number:		
Email address:	Email address:		
Child's class(if already attending Monkfield Park Primary School) or school:			
Details of any individual needs including health issues, physical disabilities, diet and medical needs:			
Is there a Common Assessment Framework (CAF) in place for your child? Yes/No			
Type of Place Required: (please indicate all that apply)			
Pre-School for funded 2 year old		Pre-School for paying 2 year old	
Pre-School for funded 3 year old		Pre-School for funded 3 year old plus additional paid pre-school sessions	
Breakfast Club		After School Club	
Holiday Club			

Signed:

Relationship to child:

Print name:

Date:

Please return this form to:

Monkfield Park Care & Learning Centre
 School Lane
 Cambourne
 CB23 5AX

Telephone: 01954 273301

Email: clcoffice@monkfieldpark.cambs.sch.uk