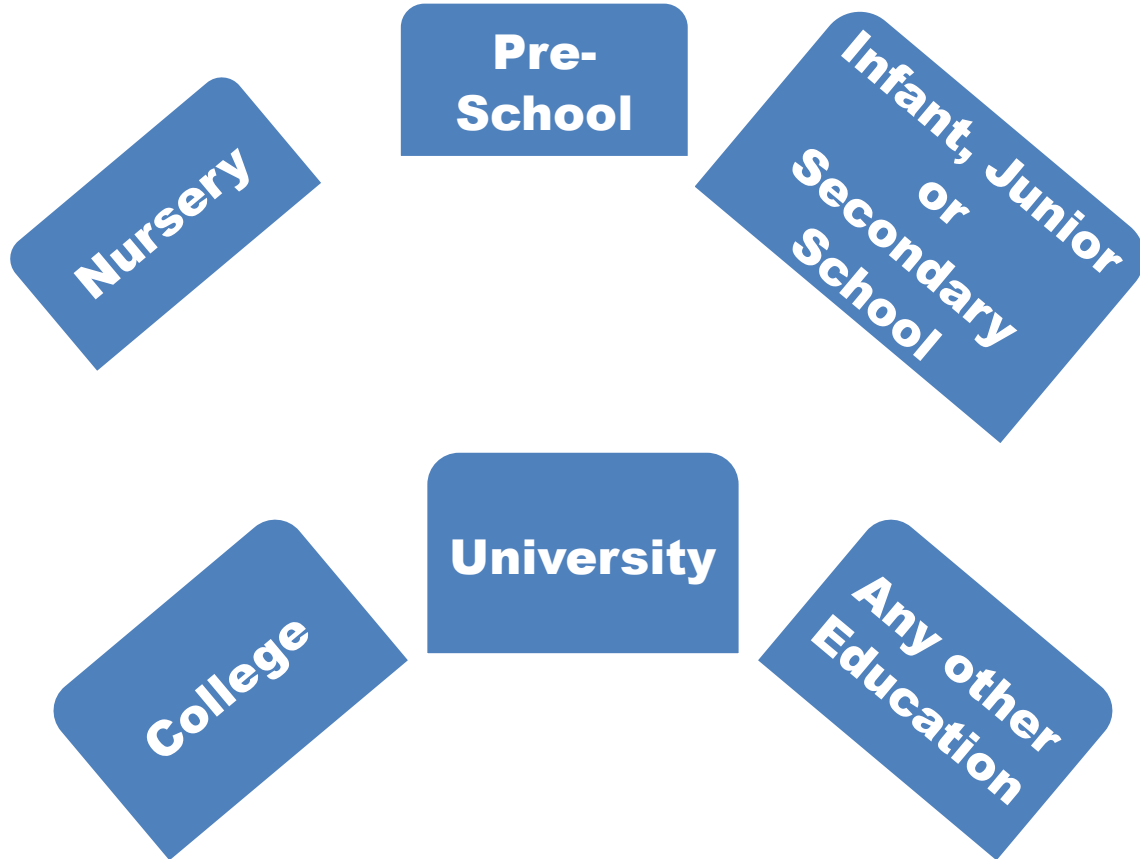


DO YOU HAVE A CHILD

IN:



**PLEASE INFORM THE RECEPTION STAFF OF YOUR
CHILDS EDUCATION PROVIDER.**

EDUCATION PROVIDER INFORMATION.

Name of Child: _____

Child Date of Birth: _____

Name of current education provider (i.e nursery, pre-school, infant/Junior/Secondary school, College or University)

Address of current education provider _____

Dated: _____

PLEASE HAND THIS SLIP TO RECEPTION