## REGISTRATION FORM & WAITING LIST

Kindly complete, sign and return a paper copy to: THE LITTLE RED HEN, c/o Ground Floor Flat, 11a Tremaine Road, London SE20 7UA.

Child's full name	Date	e of birth	
Mother's full name	Fath	er's full name	· · · ·
Occupation	Oc	cupation	
Full address (including pos	stcode)		•••
		/ork)	
Mobile:			
Email address:			
Child's doctor's name:			
Address:			
Telephone			
Proposed entry term Sep	t/Jan and year		•••
Proposed leaving term Jul	ly and year		•••
Special information about	your child (if any)	);	
			<b>.</b>
(Please tick):			
☐ I have read and accep	ot the terms and co	onditions of the prospectus.	
$\square$ I have paid the £80 r	registration fee.		
Signature of Mother		Signature of Father	
Date:			
School use only: Registration fee:	Deposit:	Place accepted:	