



Rainbowminders Enquiry form

Date of enquiry _____

Parent/Carer Details	
Title & Full name:	
Relationship to child:	
Date of birth:	
National Insurance Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full home address:	Address: Postcode:
Tel No:	
Mobile:	
Email address:	

Child's Details	
Full name:	
Male/Female/Prefer not to say:	
Date of birth:	
Special Educational Needs?	
Home language:	
When do you wish your child to start?	
What type of care are you looking for? (please tick)	<input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Funded only space
Are you entitled to funding? (please tick and specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional notes	

Note a minimum of 3 full days or 5 half sessions are a booking requirement.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
Full Day					