

Parent Registration Form

Parent's Details

Title: _____ Forename: _____ Surname: _____

Address: _____

_____ Postcode: _____

Tel: _____ Payroll/ID No. _____

Email: _____

Children's Details

Name of Child	Date of Birth	Is child registered disabled? (Y/N)

Relationship to child: Mother Father Other please specify: _____

Childcare Providers Details

1) Childcare Provider: _____

Address: _____

Registering Trust / No. _____

2) Childcare Provider: _____

Address: _____

Registering Trust / No. _____

Declaration

The variation period for the agreement shall commence on _____ and shall expire on _____.

I agree and understand that liability for payment is limited to the provision of childcare vouchers and any remaining fees are my own responsibility.

I declare that the information provided above is correct. I will inform my employer of any changes in circumstances in relation to Childcare Vouchers.

Signed:

Date: _____

Please return to Employers For Childcare Vouchers, 137a Hillsborough Old Road, Lisburn, BT27 5QE