

I would like to attend the Childminding Information Session:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name \_\_\_\_\_

(Under 4)

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please return to:

**SURE START FPMCW**

**FREEPOST**

