

30 Oakthorpe Road Palmers Green London N13 5JL

Registered Charity: 1156440

Tel/Fax: 020 8920 3990
Email: schooladmin@mcec.org.uk
Website: www.mcec.org.uk
Facebook: meeclondon
Twitter: @mceclondon

For any queries regarding this form or progress of your application please email: schooladmin@mcec.org.uk

Please return this completed form to ground floor office or email a completed form to the above address. In return, you will be issued with a confirmation email.

Please kindly complete this form for children aged 5 years old and above. Forms submitted for children under 5 years old will NOT be accepted.

		- Years old Will 1401 be de	
Child's Details	FORENAME		SURNAME
ADDRESS			POST CODE
DATE OF BIRTH		ETHNIC ORIGIN	GENDER (M/F)
LANGUAGES SPOKEN		NAMES OF SIBLINGS ATTENDING	
ANY ILLNESS, ALLERGIES	S, REGULAR MEDICA	TION?	
ANY SPECIAL NEEDS?			
	PARENT/GUARDIAN ONE	NAME	RELATIONSHIP TO CHILD
		CONTACT NO	EMAIL (Essential as this is our primary communication mechanism)
Parent or Guardian		ADDRESS (If different to Child's)	
	PARENT/GUARDIAN	NAME	RELATIONSHIP TO CHILD
Details	TWO	IVAIVIL	RELATIONST IF TO CHIED
		CONTACT NO	EMAIL (Essential as this is our primary communication mechanism)
		ADDRESS (If different to Child's)	I.
	NAME		RELATIONSHIP TO CHILD
Emergency Contact	IVAIVIL		RELATIONSHIP TO CHIED
	CONTACT NO.		
Costs			
Costs			
maintenance of the centre 1. £300 per year, payable 2. Replacement books ar	e and for the resource e in advance, for 1st c nd other equipment v	rporated Organisation (Reg No 1156440) however we used in our classes. hild (£250 for per year for each subsequent child) received will need to be purchased at extra cost. nations than prescribed are encouraged to do so as an in	as a donation to MCEC.
Agreement			
Centre, as detailed at 2. I agree to take respon 3. I hereby give consent claim that may arise. 4. I hereby indemnify Mo MCEC. 5. I agree to the program 6. I understand that all a 7. I understand that the	www.mcec.org.uk. A sibility for any damag to my child being ince CEC against any loss name of education del bsences must be aut information I have pressible in the control of the control	above child, hereby agree to abide by the code of conduct hard copy is available for reference only at the school off ge that may be caused, accidentally or otherwise, to any New luded on any activities arranged by MCEC and indemnify of personal property or injuries during the above child's a diversed by MCEC. In the property of th	ACEC property by the above child. MCEC and its authorised agents against any Ittendance at and waive any claims against h my child may be withdrawn ed purposes only
PRINT NAME		SIGNATURE	
DATE			
DATE OF RECEIPT	RECEIPT REF. / RECIEVED BY	NOTES	