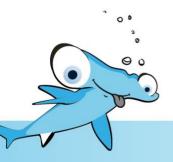
Staff Registration Form	E E E E E E E E E E E E E E E E E E E
Name:	CHILDREN'S HOLIDAY CLUB
Date of Birth:	
Address:	
Postcode:	- 
Phone Number:	Mobile
Number:	
National Insurance Number:	
DBS Number:	Issue Date:
Next of Kin (Name): address:	
Postcode:	
Phone Number:	Mobile
Number:	
Relationship:	
DATE STARTED:	DATE
FINISHED:	
JOB ROLE:	
MEDICAL CONDITIONS:	
H KIDS LIMITED	
le Blossom House, Cherition Fitzpaine, EX17 4JN 45 618847   01363 866450   info@fishkids.co.uk   www.fishkids.c	Outstanding
pany number 10684209	Early years provider





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