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## Centre Registration Form

<b>Centre Name:</b>	
<b>Contact Person:</b>	<b>Position:</b>
<b>Bus Phone:</b> <b>Fax:</b> <b>Email:</b>	<b>A/Hours Phone:</b> <b>Mobile:</b>
<b>Physical Address:</b>	<b>Postal Address:</b>
<b><u>Accounts: Invoices</u></b> <b>Contact Person:</b> <b>Postal Address:</b> <b>Phone Number:</b> <b>Email for invoices:</b>	
<b><u>Accounts: Monthly Statements (if different to invoices)</u></b> <b>Contact Person:</b> <b>Postal Address:</b> <b>Phone Number:</b> <b>Email</b>	
<b>Number of children and age groups (e.g. Mixed, Under Twos/ Over Twos, Infants Room/ Toddlers Room/ Preschool etc.):</b>	
<b>Centre Philosophy (Steiner, Reggio Emilia, Montessori etc.):</b>	
<b>Other e.g. special requirements important for the philosophy of your centre (e.g. clothing worn by relievers), any other important points we need to know to successfully place relievers.</b>	