**ALL COLUMNS MUST BE COMPLETED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child | DOB | M orF | Address | Post Code | **No. of days child performed during past 6 months – licensed or unlicensed** |
| **THIS NOTIFICATION SHOULD INCLUDE CHILDREN RESIDING IN TELFORD & WREKIN COUNCIL AND SHROPSHIRE COUNCIL ONLY.** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |