**ALL COLUMNS MUST BE COMPLETED**

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| --- | --- | --- | --- | --- | --- |
| 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.** | | | | | |
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