



REGISTRATION FORM

CHILD'S FULL NAME M/F DOB

PARENT/GUARDIAN NAME OCCUPATION

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HOME ADDRESS

..... POSTCODE

HOME TELEPHONE MOBILE

EMAIL

PARENTS' WORK NUMBERS.....

NATIONALITY MAIN LANGUAGE

RELIGIOUS OR CULTURAL OBSERVANCES.....

REQUIRED DATE TO START AT THE NURSERY.....

SCHOOL START DATE.....

PLEASE CIRCLE THE REQUIRED DAYS (MINIMUM OF TWO DAYS):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DOES YOUR CHILD HAVE:

ANY SPECIAL REQUIREMENTS?.....

ALLERGIES?.....

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE IN ORDER TO SECURE YOUR CHILD'S PLACE ON THE WAITING LIST. THE £65 REGISTRATION FEE WHICH IS NON-REFUNDABLE CAN BE PAID ON-LINE USING BANK DETAILS SORT CODE: 20-65-18 ACCOUNT NO: 60689351. PLEASE USE YOUR CHILD'S SURNAME AS A REFERENCE.

SIGNED.....DATE.....

FOR OFFICE USE: REGISTRATION FEE RECEIVED

ACKNOWLEDGED

SIBLING

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