

Registration Form – Nursery and Pre School

Child's full name: _____

Date of birth: _____ Male/Female (please circle)

Address: _____

Post code: _____

1st Parent/guardian's name and title: Miss/Mrs/Ms/Mr _____

Home telephone: _____ Mobile: _____

Email : _____

2nd Parent/guardian's name and title: Miss/Mrs/Ms/Mr _____

Home telephone: _____ Mobile: _____

Email : _____

Sessions Required (please tick boxes):

	Morning	Afternoon	Short PM	Full Day	Short Day
	8.15am-1pm	1.15pm-5.45pm	1.15pm-3.45pm	8.15am-5.45pm	8.45am-3.45pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
<input type="checkbox"/> Please tick if a term time only place is required (See conditions on page 4 *)					

Start date: _____ **End date (if known):** _____

Lunch option (please tick one option):

<input type="checkbox"/> I have applied for my child to attend the afternoon session so Lunch Option is not applicable					
<input type="checkbox"/> I would prefer to provide my child with a packed lunch on the days that he/she will attend					
<input type="checkbox"/> I would like to decide about lunch at a later date					
<input type="checkbox"/> I would like my child to have a cooked lunch provided by Park House (please state days required)					
Monday	Tuesday	Wednesday	Thursday	Friday	

(Please tick) I have enclosed a registration fee (£50.00) **Date:** _____

Please let us know how you heard about Park House Nursery:

Recommendation Website Graduation Feature
 Best Business Guide Telephone Directory Facebook
 Other (please state) _____

For office use only:

T	CP	RS	D	KW	PB	ROI	SG	NC	EM