

Nursery Registration Form



Full name of child: _____ Child's date of birth: _____

Address of child: _____

Post code: _____ Tel. No.: _____

Name of parent/carer: _____

E-mail address: _____

Bond payment £50.00* cash cheque Please tick either cash or cheque

Please tick here to confirm that you are returning the direct debit* mandate with this registration form.

* £50.00 refundable bond and return of the direct debit mandate form are required to secure a nursery place.

Please tick the box of the sessions you would like your child to attend:-

	Monday	Tuesday	Wednesday	Thursday	Friday
AM (up to 1.00pm)					
PM (from 1.00pm)					

Preferred start date: day ____ /month ____ / year ____

OFFICE USE ONLY

Specify receipt dates: Form received: Bond received DD received

Place confirmed Settling in visits

Invoice type:

Weekly OSC Standing Order Calendar Monthly 10% Sibling discount

NEG _____ sessions per week @ £ _____ each = weekly discount £ _____ /monthly discount £ _____

First month fee calculation _____ full days @ £ _____ each + _____ ½ days @ £ _____ each = £ _____

On going fee calculation Cost/week £ _____ - weekly discount £ _____ x 52 weeks ÷ 12 months = £ _____

Form completed by (Manager/Director) _____ Date: _____

Set up on CONNECT by (Administrator) _____ Date: _____