

Littlebrook Nursery Registration Form



Child's Full Name: _____

Date of Birth: _____ Age of Child: _____ Boy Girl

Home Address: _____
Postcode: _____

Parent/Guardian - 1 Title: _____ First Name: _____ Surname: _____

Relationship to Child: _____ Occupation: _____

Work Tel. No: _____ Home Tel. No: _____

Mobile Tel. No: _____ Email Address: _____

Parent/Guardian - 2 Title: _____ First Name: _____ Surname: _____

Relationship to Child: _____ Occupation: _____

Work Tel. No: _____ Home Tel. No: _____

Mobile Tel. No: _____ Email Address: _____

Main Contact for Communication (please tick): Parent/Guardian - 1 Parent/Guardian - 2

Requested Start Date: _____

Please indicate preferred days and hours of attendance:

Monday		am		pm		School Day
Tuesday		am		pm		School Day
Wednesday		am		pm		School Day
Thursday		am		pm		School Day
Friday		am		pm		School Day

Parent/Guardian - 1 Signature _____ Date: _____

Parent/Guardian - 2 Signature _____ Date: _____

Signature (*Manager/Deputy Manager*) _____ Date: _____

Please note that by signing this form, you are bound by our terms and conditions.

Office Use Only:

	Amount:	Payment Method:	Date:	
Registration fee:				
Deposit:				

Signature (Littlebrook <i>Manager/Deputy Manager</i>)		Date:	
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