

KINGSMEAD DAY NURSERY

CHANDLERS FORD

# REGISTRATION FORM

## Child’s Information

|  |  |
| --- | --- |
| Name of Child |  |
| Home Address |  |
| Home Tel Number |  |
| Date of Birth |  |
| Gender |  |
| Child’s First Language |  |

## Parent 1 Information

|  |  |
| --- | --- |
| Mother/Father/Carer |  |
| Name |  |
| Parental Responsibility |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |   |

 |
| Mobile Phone Number |  |
| Email address |  |

## Parent 2 Information

|  |  |
| --- | --- |
| Mother/Father/Carer |  |
| Name |  |
| Parental Responsibility |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |   |

 |
| Mobile Phone Number |  |
| Email Address |  |

## Days Required

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Day |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon |  | Tue |  | Wed |  | Thu |  | Fri |  |

 |
| AM |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon |  | Tue |  | Wed |  | Thu |  | Fri |  |

 |
| PM |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon |  | Tue |  | Wed |  | Thu |  | Fri |  |

 |
| Start Date |  |
| I can be flexible on days |  |

## Additional information

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

## Further information will be required when a place at nursery has been agreed.