

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.