



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	<table><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		
Mobile Phone Number			
Email address			

Parent 2 Information			
Mother/Father/Carer			
Name			
Parental Responsibility	<table><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
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.