

## Nurturing child care inspired by: MONTESSORI

## **Registration Form**

I wish to register my child for a place at the nursery indicated below and enclose the required registration fee.

Child's first name:	
Child's surname:	
Child's date of birth:	
Child's gender	
Home address: (including postcode)	
Name of first parent:	
First parent contact tel no.:	
First parent email:	
First parent occupation:	
First parent work address: (company and location)	
Name of second parent:	
Second parent contact tel no.:	
Second parent email:	
Second parent occupation:	
Second parent work address (company and location)	



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Does your child have any known dietary or accessibility requirements?			
Child's GP name and surgery address:			
GP's contact telephone no.:			
Anticipated <b>actual</b> start date ( <u>not</u> including the transition week):			
		Whole day	Half day
	Monday		
Please indicate preferred days of attendance:	Tuesday		
	Wednesday		
	Thursday		
	Friday		
Please let us know how you came across Beeckton Bunnies Day Care?			
Did you do a tour of the Nursery?			
What features attracted you to our day care?			
What is the most important thing to you about the care we provide for your child?			
Do you consent to receiving further relevant information, including special offers sent by email or post?	□ Yes □ No		
I understand that this form does not guarantee m first come first served basis up to one month in a contact details we have supplied here. I understa	advance. I hereby give permission	for you to send me relevant con	t places are offered rrespondence to ar
Signed:			
Full name:			
Date form completed:			



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