

REGISTRATION FORM

To be returned with a non-refundable registration fee of £50

Child's name (in full) _____

Health visitor, welfare clinic address

Date of birth _____

Nationality _____

Tel no. _____

Sessions required, please tick boxes. We suggest a minimum of 2 sessions

Inoculations, vaccinations, etc. Dates

	Mon	Tues	Wed	Thurs	Fri
AM					
PM					
Full Time					

Infectious diseases

All known allergies

Proposed date of admission (according to availability) _____

Parent's full names:

Father _____

Mother _____

Address _____

Email _____

Tel no. at home _____

at work _____

mobile _____

Name of person to contact in an emergency (must be different from above)

Tel no. _____

Name and address of GP _____

Tel no. _____

I/we allow our child to go on organised outings within a 3 mile radius of the nursery: Yes No

If yes, signatures of BOTH PARENTS

_____ Date _____

_____ Date _____

Address if different from above

This form must be completed in full and a non-refundable registration fee is payable on its return.

I undertake to conform to all rules and regulations in force from time to time. I understand I need to give a full month's notice in writing in the event of withdrawal from the nursery or cancellation of a confirmed place. In lieu of such written notice, a month's fees will be charged.

The Nursery reserves the right to require parents to withdraw from the Nursery forthwith any pupil at the sole discretion of the management.

Signed

Name _____

Date _____

Please return this form to:
 Montys Nursery, 32 Thompson Avenue,
 Richmond, Surrey TW9 4JW
 Cheque for £50 made payable to:
 The Child Care Network Ltd.

Montys Nursery