Registration Form

Child's Name……

Preferred Start Date (depending on availability)……

Date of Birth……

Home Address……

Home Telephone Number……

Email Address……

	1. Parent/Carer	2. Parent/Carer
Name		
Mobile Number		
Work Number		
Occupation/place of work		

Who does the child live with? (e.g both parents, grandparents, siblings)

……

Emergency Contacts (Name, number and relationship to child)

……

……

Is your child being supported by any professionals(e.g health visitor, speech and language therapist, any early years professional) If yes please give details……..

……..

Invoices are produced for the month ahead and payable by the 10th of that month. Failure to pay on time may result in the termination of your contract. We are open for 50 weeks a year, closing for a week at Christmas and the 1st full week every August.

All parents and carers to sign who have legal responsibility for the above named child

Signed……Date……

Signed……Date……

We intend to reply within 2 weeks of receiving your registration forms. However please be aware the Nursery is a busy environment and so this may not always happen. You are encouraged to contact us via email if you wish to check on availability. charlotte@thefarmyardnursery.co.uk