****

**Registration Form**

**I would like to reserve a place for my child at Jolly Giraffes Day Nursery.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of child** |  | | Gender |
| Date of birth |  | **OR** Expected date of birth (please notify us when actual date is known) |  |
| Address of child and Parent (1) | Postcode | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent (1)**  Does Parent (1) have parental responsibility for and legal contact with this child? Yes 🌕 No 🌕 (Please tick as appropriate) | | | | |
| Full name | | | Relationship to child | |
| Telephone numbers: | home | | work | Mobile |
| e-mail address(es)  (Please print clearly) | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent (2)**  Does Parent (2) have parental responsibility for and legal contact with this child? Yes 🌕 No 🌕 (Please tick as appropriate) | | | | |
| Full name | | | Address (if different from above)  Postcode | |
| Relationship to child |  | |
| Telephone numbers: | home | | work | Mobile |
| e-mail address(es)  (Please print clearly) | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Religion |  | Any additional information (e.g. festivals or religious celebrations we need to be aware of) |  |

|  |  |
| --- | --- |
| Any known Special Educational Needs |  |
| Any known special dietary requirements/food allergies |  |
| Any other special requirements |  |

**Required sessions** (please tick relevant boxes):-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

**Requested start date:-** …………………………………………………………………………………………………… **P.T.O.**

**Registration Form (page 2)**

Please delete as appropriate:

* A place has been confirmed so I enclose a cheque for £100 (non-refundable).
* I will send a cheque for £100 (non-refundable) when a place has been confirmed.

*(Please make cheques payable to* ***‘Jolly Giraffes Day Nursery’****)*

**Please note** – once a place has been confirmed and reserved and the deposit has been paid, one month’s notice from the initial start date will be required to change sessions.

Signed by parent/guardian 1 …………………………………………………………… Date ………………………………

2 …………………………………………………………… Date ………………………………

For office use:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date acknowledgement sent | Date place confirmed |  | Dates of visits booked |  |
| Date deposit received |  | Confirmed start date |  |