Registration Form

Child's full name: _____

Date of birth: _____

Address: _____

_____

_____

Post code: _____

1st Parent/guardian's name and title: Miss/Mrs/Ms/Mr_____

Home telephone: _____ Mobile: _____

2nd Parent/guardian's name and title: Miss/Mrs/Ms/Mr_____

Home telephone: _____ Mobile: _____

Start date: _____ End date: _____

Sessions required (please tick):

	Morning	Afternoon	Short PM	Full Day	School ~Day
	8.15am-1pm	1.15pm-5.45pm	1.15pm-3.45pm	8.15am-5.45pm	8.45am-3.45pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

☐ (please tick) I have enclosed a £50.00 registration fee. Date: _____

Please let us know how you heard about Park House Nursery:

- Recommended by family or a friend ☐
- Yellow pages ☐
- Website ☐
- Family Manx Magazine ☐
- Other (please state) ☐ _____

For office use only:

T	CP	RS	D	KG	PB	ROI	SG	NC