

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):

	After School Session	Holiday Club-Short Day	Holiday Club-Full Day
	3.30pm-5.45pm	8.45am-3.45pm	8.15am-5.45pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

(please tick) I have enclosed a £35.00 registration fee (AFTER SCHOOL CLUB ONLY). Date: _____

Please let us know how you heard about Park House Nursery After School and Holiday Clubs:

- 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