



# **TARAKINDERGARTEN**

## **REGISTRATION FORM**

**SURNAME OF CHILD:** \_\_\_\_\_ **FIRST NAMES:** \_\_\_\_\_

**DATE OF BIRTH :** \_\_\_/\_\_\_/\_\_\_ **ETHNIC ORIGIN :** \_\_\_\_\_ **RELIGION :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

\_\_\_\_\_ **POST CODE:** \_\_\_\_\_

### **TELEPHONE NUMBERS:**

**HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

### **DOCTORS DETAILS:**

**NAME :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

\_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**PHONE :** \_\_\_\_\_

### **CHILD'S VACCINATIONS:**

\_\_\_\_\_

### **OTHER INFORMATION:**

**ALLERGYS:** \_\_\_\_\_

**DIETERY DETAILS:** \_\_\_\_\_

**SIBLINGS AT NURSERY:** \_\_\_\_\_

**PREVIOUS NURSERIES / PLAYGROUPS:** \_\_\_\_\_

### **Acceptance of Terms and Conditions of Enrolment:**

I have read and accepted the Terms of Enrolment outlined in the fee schedule ( a copy of which I have retained ) and agree to be bound by these terms. If my child does not start nursery on the date shown below, my registration fee will be forfeited. I give permission for my child:

- a) To be taken out of the nursery on outings / visits to the park, post office, shops, etc.
- b) To receive urgent medical treatment if the nursery is unable to contact me.
- c) I accept that if my nursery fees are in arrears, my child will not be admitted to the nursery.

**Date Starting Nursery:** \_\_\_/\_\_\_/\_\_\_ **Deposit Receipt Number :** \_\_\_\_\_

### **Please Find Attached:**

- a) Cheque Cash for the amount of £\_\_\_\_\_ in respect of:
  - I. £\_\_\_\_\_ non-refundable registration fee
  - II. Deposit equal to 1-week fees, repayable when my child leaves nursery, provided one month written notice of withdrawal is given.
- b) Cheque for £\_\_\_\_\_ for part month of \_\_\_\_\_ ( if applicable)
- c) A signed Standing Order Mandate commencing 1st \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

**NAME (PLEASE PRINT):** \_\_\_\_\_