Registration Form

Child's full	l name	:											
Date of bi	rth:					_							
Address:													
Post code:						_							
1st Parent/8	guardia	an's r	name and ti	tle: Miss/N	1rs/Ms/	'Mr							
Home tele	phone	2:		Mobile:									
Email :													
2 nd Parent/guardian's name and title: Miss/Mrs/Ms/Mr													
Home tele	phone	2:		Mobile:									
Email :													
Sessions Re	equire	d (p	lease tick b	oxes):									
M		Mor	Norning Afterr		noon Short F		t PM	1 Full Day			School Day		
		8.15aı	m-1pm	1.15pm-5.4	5pm	1.15p	m-3.4	5pm	8.15am-5.4	5pm	8.45	am-3.45pm	
Monday													
Tuesday													
Wednesda	ıy												
Thursday													
Friday													
	Please	tick	if a Term T	ime Only p	place is	requ	ired	(See C	onditions *)			
Start Date: End Date (if known): Lunch Option (please tick one option):													
	1.	1.6-	1916		۲.			1	1.0 4.	•		1. 1.1	
			my child to						•				
			provide my				inch (on the	days that h	e/she v	vill a	ttend	
			cide about l									. 1\	
	d like i		nild to have		•		ded b					required)	
Monday Tue			uesday	W	Wednesday			Thursday		Fri	Friday		
☐ (please tick) I have enclosed registration fee (£50.00). Please let us know how you heard about Park House Nursery: Recommendation ☐ Website ☐ Family Manx Magazine ☐ Best Business Guide ☐ Yellow pages ☐ Other (please state) ☐													
For office use only:													
T	e only: CF)	RS	D	ΚV	X/	ı	PB	ROI	SC		NC	
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