



Registration form

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|--------------------------------------|--|-----------|
| Nursery branch or Day School | | |
| Start date required | | |
| Which days do you require | | |
| Child's name | | |
| Child's surname | | |
| Child's D.O.B | | |
| Child's gender | | |
| Home tel no. | | |
| Address | | Postcode: |
| What borough does your child live in | | |
| Emergency contact No. | | |
| Mother's name | | |
| Mother's mobile no. | | |
| Mother's work telephone no. | | |
| Mothers email address | | |
| Father's name | | |
| Father's mobile no. | | |
| Father's work telephone no. | | |
| Father's email address | | |
| Doctor's name | | |
| Doctor's surgery & tel no. | | |

A £40 registration fee is required in order to complete the registration process. This can be paid:

By cheque made payable to The Eveline Day Nursery Schools Ltd

By bank transfer- The Eveline Day Nursery Schools Ltd
 Sort code 20-21-78
 Account number 93017141

By card- please call our accounts department on 0208-672-7549

Please note- the registration process is not complete until the registration fee has been received.

SIGNED.....

DATE.....