

REGISTRATION FORM

Please complete this form and return as soon as possible to secure your place

Name of Chi	ld:			
Date of Birt	h:		Gender	Male / Female
Parents Nam	ne/s:			•
Address:				
Telephone N	lumber/s:			
Email Addre	SS:			
Birth Certif	icate No:	Place o	of Issue:	
Start Date o	at Nursery:			
Please circle	your preferred	sessions:		
Session	Monday	Tuesday	Wednesday	Thursday
Morning	9.15-12.15	9.15-12.15	9.15-12.15	9.15-12.15
Afternoon	12.15-3.15	12.15-3.15	12.15-3.15	12.15-3.15
All day	9.15-3.15	9.15-3.15	9.15-3.15	9.15-3.15
•	sitively guarantee commodate your pr	•	sions at this stage but	will do our
•	_	· · · · · · · · · · · · · · · · · · ·	Entitlement for Two	•
	- Bank Account: Be	le registration fee ar Hugs Nursery / So 84174269 / Referend		YES / NO
Signed:			Date:	
Please tell u	s how you found	out about Bear Hu	gs Nursery	

Please return this form to Bear Hugs Nursery Addlestone Methodist Church Hall, 71 Station Road, Addlestone, Surrey, KT15 2AR