



Nursery
CHELSEA

Email: registrar.tadpoles@gmail.com

REGISTRATION FORM

Fee: £ 170.00

Date Form Filled In: _____ / _____ / _____ (dd/mm/yy)

Date of Place Required: SEPTEMBER _____ 20_____
 JANUARY _____ 20_____
 APRIL _____ 20_____
 *Please tick start date and enter year of entrance

Surname: _____
 Forename (s): _____
 Preferred nickname: _____

Date of Birth: _____ / _____ / 20____

Sex: _____
 Address: _____

Postcode: _____

Parent's/Guardian's Information:

Parent 1 Name: _____
 Parent 1 Mobile Number: _____
 Parent 1 Email Address: _____
 Parent 1 Work Phone Number: _____

 Parent 2 Name: _____
 Parent 2 Mobile Number: _____
 Parent 2 Email Address: _____
 Parent 2 Work Phone Number: _____

Contact Details of third responsible person: _____

Has your child been registered at other nurseries?
 If Yes: Which Nurseries?

Nationality/ies: _____
 Languages Spoken at home: _____
 Religion/Belief: _____

Does your child have any health problems, have they had any infectious diseases?

Has your child been immunised? _____

OFFICE USE ONLY:

DATE REQUIRED: _____
 MORNINGS/AFTERNOONS: _____
 DATE CHILD TURNS 3: _____
 DATE CHILD WILL LEAVE: _____

PLEASE PAY YOUR REGISTRATION FEE VIA BANK TRANSFER: £150.00
OUR BANK DETAILS:

Bank Name: Royal Bank of Scotland
 Account Number: 00221639 Sort Code: 16-01-29
 Account: Tadpoles Nursery Group Ltd

THE REGISTRATION FEE of £150.00 IS NON-REFUNDABLE. IT IS NOT A DEPOSIT AND DOES NOT CONFIRM A DEFINITE PLACE AT THE SCHOOL.