

# Registration Form



Child's Full Name:

Date of Birth:

Does your child have a SEND need:  Yes/No If yes please specify:

Dietary Requirements:  Yes/No If yes please specify:  Allergy/Intolerance/Preference

Contacts:

Medical Conditions:  Yes/No If yes please specify:

Is medication required?  Yes/No If yes please specify:

Parent Name (1)

Home:

Mobile:

Work:

Email:

Relationship to child:

Home Address:

Contacts:

Home:

Mobile:

Work:

Email:

Parents Name (2)

Relationship to child:

Home Address (if different)

Monday  AM  PM

Tuesday  AM  PM

Wednesday  AM  PM

Thursday  AM  PM

Friday  AM  PM

If you would like to register your child then please complete this form and return it to the nursery. Please pay your £60 (non-refundable) registration fee using the bank details below.

Account Name: Kattz Kidz  
Bank: Barclays  
Account Number: 33236498  
Sort Code: 20-41-15

Required Start Date

Please sign to say that you have read and accept the terms and conditions