**REGISTRATION FORM**

**Trinity-at-Bowes**

**Registration Fee**

A registration fee of £85.00 shall be paid by the parent/guardian on submission of the

completed registration form. This fee will ensure your child has a place on our waiting list and will be offered a place in accordance with our admissions policy. The registration fee is non-refundable if such acceptance is later withdrawn by the parent/guardian.

**Deposit Fee**

A £350.00 non-refundable deposit be shall by paid by the parent/guardian upon completion of the registration form and start date confirmed. This sum is refunded in full providing that one calendar month’s notice in writing is given prior to the child leaving and that no additional payment or fees are outstanding. If the child does not attend the nursery once the place has been accepted the deposit is not refundable. The deposit has to be paid before you child start’s nursery.

 will

or the offer of a place is not accepted.

**FOR OFFICE USE ONLY:**

Registration Paid:..........................

Date:..............................................

Deposit Paid:.................................

Date:................................................

|  |
| --- |
| **Acceptance** The terms and conditions overleaf are considered to be fair and reasonable. In the event of any term found by a Court of Law to be unreasonable then that clause shall be removed, but the agreement shall remain in full force and effect. The parent/guardian has read and understands the terms and conditions contained overleaf and undertakes to be bound by the same. I wish to apply for admission of the child named below to the nursery.Please sign below to confirm that you have received and read the Terms and Conditions of registration and agree to comply with them.Parent/carer signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Full name |  | Date ofBirth |  |
| Child’s first language |  | Male/Female |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer Name |  | Mobile NumberHome Number |  |
| Parent/Carer Name |  | Mobile NumberHome Number |  |
| Email Address |  | Email Address |  |
| Home Address |  | Postcode |

 **Preferred Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please tick preferred days/sessions)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full day |  |  |  |  |  |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed on behalf of Brown Bears Nursery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SEND ALL REGISTRATION PAPERWORK TO:**

**BROWN BEARS NURSERY, TRINITY-AT-BOWES METHODIST CHURCH, PALMERSTON ROAD, LONDON N22 8RA**