

SUMMERSIDE KINDERGARTEN



CHILD REGISTRATION FORM

All information provided will be treated in confidence

Child's Full Name		Date of Birth	
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1 Parent or Guardian's Name			
Home Address			
Post Code			
Home Telephone Number		Work Telephone Number	
Mobile Number		Email Address	

2 Parent or Guardian's Name			
Home Address			
Post Code			
Home Telephone Number		Work Telephone Number	
Mobile Number		Email Address	

Emergency Contact 1		Emergency Contact 2	
Name		Name	
Relationship to child		Relationship to child	
Telephone Number		Telephone Number	

Name of Childs Doctor		
Surgery Address		
Telephone Number		

Name of Childs Health Visitor		
Address		
Telephone Number		

Immunisation Details	

Allergies	

Special Needs	

Sessions Required (i.e Tue AM, Wed AM)		
Proposed start date		

Other Information	
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I apply for a place for my child and enclose the equivalent of my first months fee as a non-refundable deposit.
I confirm the information given above is correct and I will notify changes as they occur. I agree to my child taking part in any activities and outings with the nursery. I agree always to pay fees in advance without exception and give one months notice prior to withdrawing my child.

Signed _____ Date _____
(Parent/Guardian)

* Only if we are unable to offer your place will your deposit be refunded