Should you wish to enquire about a place for your child at Castle Stars Educational Day Nursery and Pre-school, please complete and return this form with the £50 registration fee to Castle Stars Educational Day Nursery,109 Manor Drive North (KT3 5PD), alternative send it to castlestarsnursery@gmail.com. Thank you

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| **Child’s Personal Details** |
| First Name: | Last Name: |
| Known as: | Date of Birth: |
| Child’s Home Address:  | Post Code: |

|  |
| --- |
| **Parent/Carer Personal Details** |
|  | 1 | 2 |
| Title | Mr / Mrs / Miss / Ms / Dr(\*Please circle as appropriate) | Mr / Mrs / Miss / Ms / Dr(\*Please circle as appropriate) |
| First Name |  |  |
| Last Name |  |  |
| Home Address |  |  |
| Post Code |  |  |
| Home Tel  |  |  |
| Mobile  |  |  |
| Work Tel  |  |  |
| Email: |  |  |
| Occupation(optional) |  |  |
| Employer(optional) |  |  |

|  |  |
| --- | --- |
| Do you require a Part time or Full time place?Part Time Full Time  | When would you like your child to join Castle Stars Educational Day Nursery? |
| Please select the sessions that you require: |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| AM |  |  |  |  |  | N/A | N/A |
| PM |  |  |  |  |  |  |  |
| *How did you hear about* Castle Stars Educational Day Nursery?*What is your reason for choosing* Castle Stars Educational Day Nursery? |  |
| How will you get to Castle Stars Educational Day Nursery? |  |
| *Parent/Carer (1) Signature: Date:* *Parent/Carer (2) Signature: Date:*  |