

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:* | | | | | | | | |