Little Crickets Learning Centre

 01923 545530

# Nursery Registration Form

To register your child for a place at Little Crickets Learning Centre please complete the following:

 **Child’s Full Name:** ……………………………………………………. **Date of Birth:** ……………………………………………..

**Address:**………………………………………………………………………………………………………………………………….

 ……………………………………………………………………………………………………………………………………………

…………………………………………………………………………… **Postcode:**………………………………………………….

**Telephone:**……………………………………………………………… **Email:**……………………………………………………..

(By entering your email address, this gives consent to you being included in future parentmail)

**Parent/Guardian Full Name**………………………………………….. **Contact**……………………………………………………

**Parent/Guardian Full Name**…………………………………………. **Contact**…………………………………………………..

**Requested Start Date:**………………………………………………………………………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requested Sessions**: (Please tick) | Monday | Tuesday | Wednesday  | Thursday  | Friday |
| Breakfast Hour (7.30-8.30) |  |  |  |  |  |
| Full Day  |  |  |  |  |  |
| School Day |  |  |  |  |  |
| Morning Session |  |  |  |  |  |
| Afternoon Session |  |  |  |  |  |

**Where did you hear about Little Crickets Learning Centre?**……………………………………………………………………

I enclose the Non Refundable Registration Fee (£50.00) with the completed Registration Form to place my child onto

the waiting list. Please pay by cash or BACS to Little Crickets. Acc No: 53225151, Sort Code: 20-73-53

**Signature of Parent/Guardian:**……………………………………………………………………………………………………..

**Date:** ………………………………………………………………………………………………………………………………………

For Office use:

|  |  |
| --- | --- |
| Date and staff member received Registration: |  |
| Date letter confirmation sent: |  |
| Date letter to offer Nursery place sent: |  |
| Acceptance of Nursery placeand deposit received: |  |