

REGISTRATION FORM

Child's details

First name: _____ Surname: _____
Date of birth: _____ Nationality: _____
Language spoken: _____ Religion: _____
Address: _____ Post code: _____

Mother's details

First name: _____ Surname: _____
Date of birth: _____ Nationality: _____
Language spoken: _____ Religion: _____
Address: _____ Post code: _____
Phone Number: _____ Mobile: _____ e-mail: _____

Father's details

First name: _____ Surname: _____
Date of birth: _____ Nationality: _____
Language spoken: _____ Religion: _____
Address: _____ Post code: _____
Phone Number: _____ Mobile: _____ e-mail: _____

***An adult should pick up child by the end of each session.**

Please specify the name of the person whom you allow to collect your child.

First name: _____ Surname: _____
Relationship: _____ Date of birth: _____
Address: _____ Post code: _____

Morning session _____ day

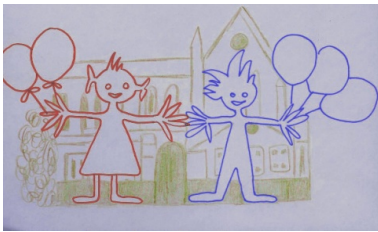
Afternoon session _____ day

Full days _____ days

I enclose a non-refundable Registration Fee Cheque for £100 to cover administration, made payable to CHRIST CHURCH STREET FRENCH NURSERY

Date _____ **Signature** _____

*Christ Church Street French Nursery – 3 Caversham Street, London SW3 4AF
Head Office: 56 Slaidburn Street, SW10 0JW Tel: 0207 351 9648 info@nursery-chelsea.com*



MEDICAL FORM

Doctor Surgery: _____ Phone Number: _____

Doctor's Name: _____

Address: _____ Post code: _____

Child's First Name: _____ Surname : _____ D.o.B: _____

Diseases and immunisations

Epilepsy YES/NO Chicken pox YES/NO Diabetes YES/NO

Mumps YES/NO Asthma YES/NO Whooping cough YES/NO

Measles YES/NO German Measles YES/NO

Allergies YES/NO Details: _____

Vaccines:

Emergency Contact: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

_____ Mobile: _____

In case of emergency, children will be taken to the nearest Hospital.

I give permission for the Manager to act as his/her representative in loco parentis in a medical emergency.

***Please do not allow your child to attend class if he/she is ill.**

Date: _____

Signature: _____

CHRIST CHURCH STREET FRENCH NURSERY

TERMS AND CONDITIONS:

WELCOME

Children can join Nursery from the age of 2 to 5 years.

Christ Church Street French Nursery the Pre-school and the Nursery in 3 Caversham Street registered by Ofsted number **EY348663** the nursery is a Full Day Care Nursery, children are admitted to a morning or an afternoon session or full time and must do a minimum of 4 sessions per week for the Toddlers.

SICKNESS

Do not allow your child to attend the class if he or she is ill.

FEES are payable only by standing order mandate following the fees schedule. The registration fees enclose a non-returnable Registration Fee cheque for £100 to cover administration, made payable to Christ Church Street French Nursery Limited. Once a place is offered, acceptance is confirmed by the payment of a deposit of £500. I am liable to pay 3 month fees when the child leaves the school, you will be required to give 3 months advance notice, in writing and have paid the fees during this time. The deposit is not refundable if the place is not subsequently taken up.

The notice period: one full term's written notice of withdrawal must be provided or the deposit will be retained. The enrolment includes a whole school year.

ACCIDENTS: In case of accident, our staff are fully qualified to administer First Aid. In case of emergency, the child will be taken to the nearest Hospital. It is required the permission for the Manager to act as his/her representative **in loco parentis** in medical emergency. (Medical form)

PICK UP: Parents or person authorised by them may collect their child.

(Registration form)

BREAK UP: The Nursery will be closed in August, in the Half Term and on all UK Bank Holidays (The diary). I read and signed the Registration form, the Medical form and the Diary of useful dates. I agree to the terms conditions of the Nursery as describes in this prospectus.

Both Parents signature: _____ Print Name: _____

_____ Print Name: _____

Date _____