



For Nursery use only

Date received

Date acknowledged

Pre-admission visit

Date of entry

Keyworker

Registration Form

All enquiries to: Nursery Supervisor, Rose Street Nursery. Tel: 07749 744 783

Child's full name Date of Birth

Home address

.....

..... Postcode

☎ Telephone number ✉ e-mail

Where did you hear about Rose Street Nursery?

Mother's name

Workplace name and address

Father's name

Workplace name and address

☎ Emergency contact details: Mother

Father

Additional contact(s) (eg Grandparent/Neighbour)

.....

Doctor's name

Surgery address

..... Telephone number

Allergies

Serious illness/injury

Additional needs/medication

Date of last immunisation

Any other information

Although every effort is made to accommodate your requests, we are not always able to offer your preferred days. Please tick 1st and 2nd choices of days you would like your child to attend Nursery, and state if there are any days of the week when your child cannot attend.

1 st choice	MON		TUE		WED		THU		FRI	
2 nd choice	MON		TUE		WED		THU		FRI	

Days your child would not be able to attend No. of sessions per week

We also offer a breakfast club and lunch club, if you are interested in your child attending, please tick the box →

I enclose the administration fee (non-refundable) of £15.00 in cash/by cheque (*delete as applicable) made payable to: Rose Street Nursery and agree to pay the session fees when due.**

****Please note, in accordance with our admissions policy, a half terms notice is required if parents/carers wish to withdraw their child from Nursery other than to attend school. If this notice period is not given, fees will be charged in lieu of notice.**

Signed (parent/carer) Date

Please return this form to: Rose Street Nursery, Methodist Centre, Rose Street, Wokingham, Berkshire, RG40 1XS

An acknowledgment will be sent upon receipt of this form, if you do not receive one within a week, please contact the nursery supervisor.