



Email: registrar.tadpoles@gmail.com

REGISTRATION FORM

Fee: £ 150.00

Date Form Filled In: _____ / _____ / _____ (dd/mm/yy)

CHELSEA SITE: _____ (please tick as appropriate)

KENSINGTON SITE: _____

Date of Place Required:

SEPTEMBER _____ 20 _____

JANUARY _____ 20 _____

APRIL _____ 20 _____

*Please tick start date and enter year of entrance

Surname: _____

Forename (s): _____

Preferred nickname: _____

Date of Birth: _____ / _____ / 20 _____

Sex: _____

Address: _____

Postcode: _____

Home Telephone Number: _____

Parent's/Guardian's Information:

Parent 1 Name: _____

Parent 1 Mobile Number: _____

Parent 1 Email Address: _____

Parent 1 Work Phone Number: _____

Parent 2 Name: _____

Parent 2 Mobile Number: _____

Parent 2 Email Address: _____

Parent 2 Work Phone Number: _____

Contact Details of third responsible person: _____

Has your child been registered at other nurseries?

If Yes: Which Nurseries? _____

Nationality/ies: _____

Languages Spoken at home: _____

Religion/Belief: _____

Does your child have any health problems, have they had any infectious diseases?

Has your child been immunised? _____

OFFICE USE ONLY:

DATE REQUIRED: _____

MORNINGS/AFTERNOONS: _____

DATE CHILD TURNS 3: _____

DATE CHILD WILL LEAVE: _____

PLEASE PAY YOUR REGISTRATION FEE VIA BANK TRANSFER: £150.00

OUR BANK DETAILS:

Bank Name:

Account Number: 00298631

IBAN: GB52RBOS16012900298631

Royal Bank of Scotland

Sort Code: 16-01-29

BIC: RBOSGB2L

THE REGISTRATION FEE of £150.00 IS NON-REFUNDABLE. IT IS NOT A DEPOSIT AND DOES NOT CONFIRM A DEFINITE PLACE AT THE SCHOOL.