


St Paul's Walden Nursery



Date _____ Child's Name _____ DOB _____

Registration Form

Thank you for your enquiry for a place for your child.

PLEASE INDICATE BY THE SESSIONS YOU REQUIRE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNINGS 09:00 - 12:00 £15.00					
LUNCH 12:00 - 13:00 £5.00					
AFTERNOONS 13:00 - 15:00 10.00					

PLEASE INDICATE THE DATE YOU WISH YOUR CHILD TO COMMENCE:

I CONFIRM THESE ARE THE DAYS I REQUIRE FOR MY CHILD.

SIGNED _____

DATE _____

SHOULD YOU WISH TO CHANGE YOUR SESSIONS AFTER /BEFORE THE START DATE THEN 4 WEEKS NOTICE MUST BE GIVEN .

Parent Name _____

Contact Number _____

Contact Email _____