



# Ambourne House Day Nursery

## Registration Form

### Personal Details

Child's Full Name		Boy/Girl	
Date of birth		Religion	
		Password	
Address			
Postcode		Home telephone	
Email for general communications			
Email for invoicing (if different)			
Father's Name		Mobile	
Mother's Name		Mobile	

I wish to reserve a place for my child at your nursery to commence on: \_\_\_\_\_

### Attendance Schedule (Please indicate exact session time)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full/Short Day					

**Please note this registration form incorporates the Terms & Conditions, a copy of which is included in the Prospectus. Upon signing this form and applying to register your child at Ambourne House Day Nursery, you are agreeing to abide by those Terms & Conditions.**

Signature (Parent one)		Signature (Parent two)							
Date		Date							
For office use only									
Reg Fee	Dep	First visit booked	Enrol, Perm Form	1 <sup>st</sup> Steps Info/In voice	Grant	Key Pers Info	P Form update	Email on 1 <sup>st</sup> steps	Email Contacts

**Data Protection:** In compliance with current UK Data Protection legislation, any information you provide here will be kept secure and treated confidentially. The data collected will only be used by Ambourne House Ltd and will not be disclosed to any other sources, without your prior consent.