

# 1. REGISTRATION FORM

\* Please complete in block capital letters

## DETAILS OF CHILD

OPTIONAL: PLEASE ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD IF THEY ARE OVER 3 YEARS OLD			
Surname		First Name(s)	
Date of Birth (d/m/y) / /	Nationality	Gender	Religion
Child's First Language		Other Languages	
Proposed Term and Year of Entry			
If you have registered at any other school, please write which one(s)			

## DETAILS OF PARENTS

PARENT 1 / LEGAL GUARDIAN	PARENT 2 / LEGAL GUARDIAN
Title	Title
First Name	First Name
Surname	Surname
Relationship to Child	Relationship to Child
Email Address: (for future correspondence)	Email Address: (for future correspondence)
Mobile	Mobile
Daytime Telephone	Daytime Telephone
Home Address	Home Address
This is the address at which the child resides <input type="checkbox"/>	This is the address at which the child resides <input type="checkbox"/>
Occupation	Occupation
Company Name and Address	Company Name and Address

## OTHER DETAILS

CHILD'S PRESENT NURSERY	CONNECTIONS WITH CAMERON VALE/ THE CHELSEA NURSERY
Name of School:	Please specify the names of other family members attending the school/nursery or registered for entry or if you have any other connection with the school/nursery.
Address:	
Name of Head:	HOW DID YOU FIRST HEAR OF THE CHELSEA NURSERY?
Telephone:	
Email:	

## MEDICAL INFORMATION



**PLEASE INCLUDE ANY INFORMATION REGARDING ANY HEALTH PROBLEM OR ALLERGY AFFECTING YOUR CHILD; ANY LEARNING DIFFICULTY, DISABILITY OR SPECIAL EDUCATIONAL NEEDS**

Details can be provided on a separate sheet if necessary.

**PLEASE NOTE:** Early registration is recommended. Offers of places are subject to availability and the admission requirements of the Nursery at the time offers are made. A copy of the Nursery's Terms and Conditions will be supplied on request.

**DECLARATION**

I / We:

- Request that the child named above is registered as a prospective pupil;
- Have transferred the non-refundable Registration Fee of £200 by direct bank transfer to:

**BACS Information**

Allied Irish Bank

Account Name: Forfar Chelsea Ltd

Sort Code: 23-85-89

Account Number: 01657092 | Swift Code: AIBKGB2LXXX

IBAN no: GB69 AIBK 2385 8901 6570 92

With reference (name of child and year of entry EG, JOSEPHSMITH17) and payment date

Or (please delete payment method as appropriate) enclose a cheque in the sum of £200 and made payable to Forfar Chelsea Limited in respect of the non- refundable Registration Fee

- Enclose the completed Registration Form duly signed by me/ us

SIGNED DECLARATION	PARENT 1 / LEGAL GUARDIAN	PARENT 2 / LEGAL GUARDIAN
<b>SIGNATURE</b>	_____	_____
<b>FULL NAME</b>	_____	_____
<b>NAME OF CHILD</b>	_____	_____
<b>DATE</b>	_____	_____

**FOR OFFICE USE ONLY**

Child's Name and D.O.B.:			
Date Received:			
Registration Fee Received by:	BACS	Date:	Ref:
	Cheque		
Acknowledged by:	Email	Date Sent:	
	Letter	Date Sent:	