

# 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)<br>/ /   | 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 £150 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: |      |