

NURSERY 2010/11

REGISTRATION FORM

Does your child attend Morning Nursery Day Nursery

Child's Name _____

Date of Birth _____

Parent's Name Mother _____ Father _____

Address _____

Email _____

Telephone Home _____

Work _____

Mobile _____

Emergency 1. _____ Tel _____

Contacts 2. _____ Tel _____

Medical Information (allergies, etc) _____

NURSERY PLUS REQUIREMENTS

Parents requiring occasional use places on different days for any of our Nursery Plus services will only be able to be accommodated if there is space.

Early Morning Session (Day and Morning Nursery)

This starts at 8am and runs until the start of Nursery. A light breakfast is provided between 8.00am–8.30am.

Please tick the appropriate boxes.

I require a place on the following named days:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

I require an occasional use place:

NURSERY PLUS REQUIREMENTS (continued)

Lunch Session (Morning Nursery only)

This operates from the end of **Morning Nursery** until 1.45pm. Collection is between 1.30pm–1.45pm.

Parents are required to provide a packed lunch.

Please tick the appropriate boxes.

I require a place on the following named days:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

I require an occasional use place:

Afternoon Session (Day Nursery only)

This operates from the end of **Day Nursery** until 5.45pm.

Session 1 3.00pm (end of Day Nursery) – 4.15pm

Session 2 3.00pm (end of Day Nursery) – 5.45pm

Sessions required (please tick the appropriate boxes):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SESSION 1					
SESSION 2					

Flexi place (occasional use)

I have read and understood the General Information and Conditions of Use for Nursery Plus.

I understand that if I have opted for an occasional use place or make a late request, George Watson's College cannot guarantee that I will be able to be accommodated, although every endeavour will be made to meet my requirements.

I enclose my registration fee of £10 (cheque made payable to George Watson's College).

Please note that this is a firm commitment and that you will be billed for the care that has been requested as indicated in the enclosed booklet.

Parent's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Registration Fee received YES / NO

Confirmation sent YES / NO