

Registration Form

Note to parents: please bring your child's birth certificate when you come into the nursery to register

NAME OF PARENT/GUARDIAN

ADDRESS

.....

POSTCODE HOME TEL NO.

DAYTIME TEL NO. MOBILE NO.

NAME OF CHILD

DATE OF BIRTH MALE/FEMALE

When would you like your child to start? (Date)

What sessions would you like to book?

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Does your child have any special or additional needs? If yes, please give details:

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Does your child have any illness or allergies or require any medication? If yes, please give details:

.....

Does your child have any special dietary requirements? If yes, please give details:

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PLEASE SEND THIS FORM TO:

Clare White, Nursery Manager - Little Ducks Day Nursery
St Peter's Street, Lowestoft, NR32 2NB.

If you have any queries, or for more information, please contact:

T: 01502 525136 E: little-ducks-nursery@gyctrust.co.uk
www.priorycentre.co.uk/childcare/little-ducks-day-nursery