

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:

Zoey Coleman, Nursery Manager - Priory Day Nursery
Priory Gardens, Great Yarmouth, NR30 1NW.

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

T: 01493 842424 E: zoey-coleman@gcyctrust.co.uk
www.priorycentre.co.uk/childcare/priory-day-nursery