



# *Kidstuff Day Nursery Registration Form*





# *Kidstuff Day Nursery And “Bottoms Up” Baby Unit*

Dear Parent,

Thankyou for visiting our web site and for downloading this Registration Application form.

If you have any questions that aren't answered either on the web site or in the registration form, please let us know.

If you would like to visit the Nursery, please feel free to call and we will be pleased to provide you with a conducted tour and answer any additional questions that you might have.

With respect to the registration form, if you require special times for your child to attend the nursery and which are not listed in the prospectus or on the web site, then we will always do our best to accommodate you.

We appreciate that your daytime schedule may be busy so if it is more convenient for you to visit or telephone us outside of our regular operating hours, or at weekends, please call Malcolm on 07836 565 723 or Shelley on 07956 544 080 or 020 8207 4157.

An additional blank sheet is provided so that you can jot down questions that you may wish to ask us when you visit.

We look forward to hearing from you in the very near future.

Yours sincerely

SHELLEY & MALCOLM EPSTEIN  
Proprietors

*299 Shenley Road, Borehamwood, Hertfordshire WD6 1TH*  
*Tel: 020 8953 0077 • Fax: 020 8386 9468 • E-mail: [kidstuffdaynursery@googlemail.com](mailto:kidstuffdaynursery@googlemail.com)*  
*The Borehamwood Nursery Ltd. Registered in England, Company No: 4378692*

# REGISTRATION FORM

Please complete a separate form for each child. **BLOCK** Capitals please.

## CHILD'S DETAILS:

First Name: ..... Surname: .....

Gender:                      Female:                       Male:                       Unknown:

Date of Birth: ..... Expected: ..... Age: ..... Religion: .....

Address: .....

.....

City: ..... County:..... Post Code: .....

## PARENT'S NAME: (Mother)

First Name: ..... Surname: .....

Address: .....

..... Post Code: .....

Home Tel. No: ..... Mobile No: .....

Contact E-Mail Address: ..... Employee No. If Corporate Contract .....

Occupation: ..... Work Tel No: .....

Work Address: .....

..... Post Code: .....

Emergency Contact Name: ..... Emergency Contact Tel No: .....

Relationship to Emergency Contact: .....

## PARENT'S NAME: (Father)

First Name: ..... Surname: .....

Address: .....

..... Post Code: .....

Home Tel. No: ..... Mobile No: .....

Contact E-Mail Address: ..... Employee No. If Corporate Contract .....

Occupation: ..... Work Tel No: .....

Work Address: .....

..... Post Code: .....

Emergency Contact Name: ..... Emergency Contact Tel No: .....

Relationship to Emergency Contact: .....

Emergency Contact Name: ..... Emergency Contact Tel No: .....

Relationship to Emergency Contact: .....

First Time/ Previous Nursery: (delete as necessary). Please give details .....

**Place Requirements – These will be confirmed to you.**

|                          |                          |                          |                          |                                |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| Full -Time               | <input type="checkbox"/> | Part -Time               | <input type="checkbox"/> | Preferred Starting Date: ..... |                          |                          |                          |
| Monday                   |                          | Tuesday                  |                          | Wednesday                      | Thursday                 | Friday                   |                          |
| am                       | pm                       | am                       | pm                       | am                             | pm                       | am                       | pm                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Next Registered Nursery/School: ..... Start Date: .....

Doctor's Name: .....

Address: .....

..... Post Code:.....

Tel No: ..... Health Visitor: .....

**ANY MEDICAL DISORDERS/ALLERGIES/MEDICATION TO TAKE OR TAKING:** (Please give full details)

.....  
.....

Childhood Illnesses: .....

.....

Immunisations to Date: .....

**ANY SPECIAL REQUIREMENTS, DIETARY OR OTHERWISE, THAT WE SHOULD KNOW ABOUT YOUR CHILD?**

.....  
.....  
.....

The Nursery "Terms and Conditions" will be provided prior to your signing of the registration form. Please enclose a £50.00 non-refundable Registration Fee. (Cheques made payable to The Borehamwood Nursery Limited)

SIGNED: .....PRINT NAME: .....

DATE: .....

*One month's notice is required in writing or the equivalent fee will be chargeable.*



