

Bo-Peep Brook Green Registration Form

We do our best to accommodate everyone who registers with us, but we do not guarantee places. We recommend you apply as early as possible, as we have limited places and offer these on a first come, first served principle.

We do give priority to siblings and to parents/guardians looking for full time places for their children. We always recommend you come and visit us first in order to meet our team, learn about our ethos and have a look around our wonderful facilities

Please note that if we are able to offer your child a place, we will do this by email. Your child's place is only confirmed once you have paid the Deposit and signed an acceptance form.

Privacy note: In line with the EU General Data Protection Regulation 2018 (GDPR) we use the data collected on this form to add your child to our waiting list so that we have the basic information about them and contact information for you. We will keep this information on file if your child receives a place. If they do not receive a place, we will keep this information on file in case a place becomes available during the period your child is of nursery age, unless otherwise requested to do so by yourselves. If your child does not receive a place and you opt out of us keeping a record of your and your child's data, we this form and records we hold will be destroyed. By completing this form, you are giving consent that you understand this privacy note.

About Your Chil	d:				
Child's full name:					
Gender:		Date of birth:			
Nationality: L		Language(s) S	ooken at hor	ne:	
Joining Us:					
Proposed start date:					
Desired sessions		Morning 08.	Morning 08.30 - 12.15		
(please tick):		Afternoon 12.15 - 15.30			
		Five Full Day	Five Full Days 08.30 - 15:30		
noved to a 5 day halt	f-session.	day half-sessio	ns for only	one half term, after which the ch	ild will I
How did you hear abo	out us?				
Have you attended		Open Day			
(please tick):		Private Tour			
About You:	Parent/Guardian	1		Parent/Guardian 2	
Full Name:					
Relationship to child:					
Home address:					
Home phone number:					
Mobile number:					
Email address:					
Occupation:					
Work address:					
Do you already have (a) sibling(s) at our nursery?			Sibling name(s)		

Does your child		
already attend a	Current	
nursery?	nursery	

Important Information:

	Combined MMR
	Separate MMR
Has your child had the following vaccinations (please tick)?	Measles
Flas your child had the following vaccinations (please fick)?	Tetanus
	Diphtheria
	Polio

Tell us about any special medial conditions or educational needs your child has, including any allergies and dietary requirements:

Child's GP contact details

Signature:

I agree to t	he Terms and Condition	of Bo-Peep (please tick)	
I enclose a	non-refundable registra	tion fee of £65 (please tick)	
Bank details:	Bo-Peep Nursery	account number 51516868	sort code 40-03-29
Ref:	Child's full name		

SIGNED:

Name:

Date:

Office Use Only: Registration Form logged (please tick)	Office Use Only:	Registration Form logged (please tick)	
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