

KNUTSFORD DAY NURSERY REGISTRATION FORM

To register your child for a place at Knutsford Day Nursery please complete the following:

Child's full name..... Date of birth.....

Address.....

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Home telephone.....

Postcode.....

Email.....

Mother's full name..... Day telephone.....

Father's full name..... Day telephone.....

Alternative contacts who may collect your child or to be telephoned in an emergency

1: Name..... Day telephone.....Relationship to child.....

2: Name..... Day telephone.....Relationship to child.....

GP Name.....Telephone.....

Preferred start date.....How did you hear about us.....

Preferred Sessions (Please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8:00am to 1:30pm					
Afternoon 1:30pm to 6:00pm					

Preferred time and means of contact	Phone number to use	Time and day	E-mail	Letter
Please tick appropriate box and note time				