



Child's full name:

Child's address: Name generally used:

..... Date of birth:

..... Gender: M/F

Postcode: Mother's name:

Home telephone: Father's name:

E-mail: Guardian's name:
[if appropriate]

Has your child attended any other day care or pre-schools in the past? Yes No

Name/s:

Will your child be attending any other pre-school whilst attending Chuckleberries? Yes No

Name/s:

If yes, is your child in receipt of the nursery education grant with them? Yes No

On what date would you like your child to start at Chuckleberries?

[Chuckleberries takes children from the age of 2 up to 5 years old, however we are currently accepting children from the beginning of the half-term in which they turn 2 years old.]

Please indicate below preferred sessions required per week:

Session Day Time	Monday	Tuesday	Wednesday	Thursday	Friday
09:00-12:00					
09:00-13:00					
08:45-14:45					

How did you hear about Chuckleberries?

Signed: Relationship to child: Date:

Please enclose a registration fee in the sum of £15.00 made payable to Chuckleberries Pre-School to secure your child's place. This deposit is non-refundable. Please tick below to confirm method of payment.

CASH CHEQUE BANK TRANSFER

If paying by cheque please write your child's full name on the back of the cheque.