



REGISTRATION FORM

Name of Child (in full): _____

Address: _____

Postcode: _____

Home Telephone No: _____ Mobile Telephone No: _____

Date of Birth: _____ (Please provide proof of age, E.g. Birth Certificate)

Email Address: _____

Start Date (the child must be 2 years old): *winter/spring/summer term 20....

I would like to reserve the following sessions:

MONDAY	08.30 - 14.30		08.30 - 11.30		11.30 - 14.30	
TUESDAY	08.30 - 14.30		08.30 - 11.30		11.30 - 14.30	
WEDNESDAY	08.30 - 14.30		08.30 - 11.30		11.30 - 14.30	
THURSDAY	08.30 - 14.30		08.30 - 11.30		11.30 - 14.30	
FRIDAY	08.30 - 14.30		08.30 - 11.30		11.30 - 14.30	

We require a minimum of 3 sessions per week.

By registering your child for attendance at H.G.S. Pre-school, you are accepting all terms and conditions as laid out in our Welcome and Start Date Pack.

Signature of parent/guardian: _____

Print Name: _____

----- The following to be completed by Hampstead Garden Suburb Pre-School -----

I acknowledge that a £50.00 non-refundable administration fee has been received from:

Signed: _____ Print Name: _____

Position: _____

Date: ___/___/___

