



Leigh Village Abbots Pass Hall, Bunce Common Road, Leigh, Surrey RH2 8NP  
 Tel: 01306 611381 Email: enquiries@leighlollipops.org www.leighlollipops.org

## REGISTRATION FORM

Please complete in **BLOCK** capitals

### Child's Details

Surname:	Date of Birth:	Gender: Boy <input type="checkbox"/> Girl <input checked="" type="checkbox"/>
Full forenames:	Religion:	
	Nationality:	
Name known as, if different from above:	Languages spoken at home:	

### Family Details

Details of Father / Guardian / Carer				Details of Mother / Guardian / Carer			
Title:	First name:			Title:	First name:		
Surname:				Surname:			
Mobile number:				Mobile number:			
Work number:				Work number:			
Email address:				Email address:			
Occupation:				Occupation:			
Address:				Address: <i>(if different to Father / Guardian / Carer)</i>			
Postcode:				Postcode:			
Home telephone number:				Home telephone number:			
Child lives with (✓)	Mother		Father		Both		Other

### Other people with parental responsibility

Please provide the name(s) and current addresses(s) of any other person with parental responsibility (i.e. legal responsibility) for the above named child. Their consent to the child attending the Nursery will be required if an offer of a place is made. *(A copy of any Court Orders will need to be seen)*

Title:	First name:			Title:	First name:		
Surname:				Surname:			
Address:				Address:			
Postcode:				Postcode:			
Relationship to child:				Relationship to child:			

### Siblings' Details

Name:	Date of Birth:	Please ✓ if currently at Leigh Lollipops <input type="checkbox"/>
Name:	Date of Birth:	Please ✓ if currently at Leigh Lollipops <input type="checkbox"/>
Name:	Date of Birth:	Please ✓ if currently at Leigh Lollipops <input type="checkbox"/>
Name:	Date of Birth:	Please ✓ if currently at Leigh Lollipops <input type="checkbox"/>

## Entry and Session Requirements

Proposed Date of Entry:

Does your child currently attend another nursery setting? If yes, please provide details (name, address and telephone number)

*By signing this form, you consent to us contacting the setting listed above to support your child in the settling in period*

**Please indicate your first choice of sessions required (✓)** (Minimum 3 morning sessions for over 3s)  
(Minimum 2 morning sessions for under 3s)

*Please note, these are subject to availability. Any increase / decrease to these may be requested on a termly basis.*

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Birds' Club * 8.30 a.m. - 9.00 a.m.					
Morning Session 9.00 a.m. - 12.00 p.m.					
Lunch Club * 12.00 p.m. - 1.00 p.m.					
Afternoon Session 1.00 p.m. - 4.00 p.m.					

\* Additional cost; children will need to bring in a healthy packed lunch from home for Lunch Club

**Please provide us with details of any medical condition, health problem, allergy or special dietary requirements affecting your child; any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child (if applicable). Please also describe and identify the location of any birthmarks your child has.**

**Please mention here the names of any other members of the family who have attended the Nursery or are registered for entry; or any other connection you have with the Nursery.**

**Please indicate how you first heard of the Nursery (✓)**

- Local reputation   
  Family member attended   
  Recommendation   
  Website  
 Other (please give details)

### Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the Nursery at the time offers are made.

### Declaration by Parent / Guardian / Carer

Both Parents / Guardians / Carers MUST sign this form

We / I understand that:

- Registration of the above named child does not secure him / her a place at the Nursery but does ensure that he / she will be considered for a place should one become available;
- In the event that the above named child is offered a place at the Nursery, such an offer will be subject to the Nursery's *Terms and Conditions*, which legally bind us / me in the event that we / I accept the place. A copy of the Nursery's *Terms and Conditions* will be supplied on request.

Signature of Father / Guardian / Carer

Signature of Mother / Guardian / Carer

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

A non-refundable registration fee of **£25** should accompany this form please. Cheques payable to Leigh Lollipops Nursery. BACS payments are also accepted to: CAF Bank Ltd | Acc Name: Leigh Lollipops Nursery | Sort Code: 40-52-40 | Acc No: 00030787 (Please reference your payment with your child's full name)

**Please return this form to:** Mrs A Gambrill, Nursery Administrator, Leigh Lollipops Nursery,  
Leigh Village Abbots Pass Hall, Bunce Common Road, Leigh, Surrey RH2 8NP