



**Bell One World Nursery & School
Registration Form Year; _____**

Child information

Child's surname: _____ Child's first name : _____
 Date of birth: ___ / ___ / _____ Age: _____ Sex: male female
 Can your child go to the toilet unassisted? Yes No
 Does your child have any special dietary needs? Yes No
 Does your child suffer from any allergies? Yes No _____
 Does your child have any other health or developmental problems? _____
 Which languages are spoken at home? _____
 Has your child ever attended another nursery or playgroup? Yes No
 Do you have any other children? Yes No _____
 Any other information? _____
 Preferred start date _____

Parent information

Surname : _____ Name : _____ Relation to child : _____
 Address: _____
 Billing address (if different) _____
 Home phone: _____ Mobile: _____ Work phone: _____
 Email (please print): _____

Class information (please tick)

	Morning	Afternoon	Full Day
Monday			
Tuesday			
Thursday			
Friday			
5th day Wednesday (Young Learners)			No option

Additional Options

I am interested in; early doors breakfast club extra lunch session after school club

Payment details

I wish to pay per term per year (to be paid in full at the beginning of the year)

Date : ___ / ___ / _____ Signature : _____

