

Registration contract

Nutkins Pre-School (Plymouth) Ltd

Hope Baptist Church

Peverell

Plymouth

PL3 4QG

01752 767677

[www.nutkinspre-school.co.uk](http://www.nutkinspre-school.co.uk)

admin@nutkinspre-school.co.uk

Ofsted number : EY270703

Company Number: 04867389

Public Liability number: PG000873 Insured by Sterling Insurance Company.

Who has parental responsibility for the child \_\_\_\_\_

Who has legal contact with the child \_\_\_\_\_

Address where child is resident (if different) \_\_\_\_\_

Residence or contact arrangements \_\_\_\_\_

Who will bring/collect the child(ren)? \_\_\_\_\_

Registration Fee / Period of notice.

(signatures in this part of the contract apply only to a registration & period of notice, where applicable)

Registration fee paid £5.00 for place required in.....term, 20 .

Period of notice to end the contract will be 4 weeks, notice of termination should be given in writing; and should not include a period of holiday; or 4 weeks payment in lieu of notice.

Should a cancellation of a place be given prior to taking up the place; there will a cancellation fee of £25.00.

Anticipated start date: \_\_\_\_\_

Managers signature: \_\_\_\_\_

Parent's/Carer's signature: \_\_\_\_\_

Nutkins Pre- School Registration Form/ Contract

If you have any difficulty in filling out this form, a member of staff will help you.

Family name : \_\_\_\_\_ Child's name : \_\_\_\_\_ Known as: \_\_\_\_\_

Sex Male / Female D.O.B : \_\_\_\_\_ Date child to start : \_\_\_\_\_

Sessions required:: Mon am / pm Tues am / pm Wed am / pm Thurs am / pm Fri am / pm

Lunch Club required: Mon Tues Wed Thurs... Fri

Parent(s) name(s) \_\_\_\_\_

Parent(s) occupation : \_\_\_\_\_

Address \_\_\_\_\_

E-mail address: \_\_\_\_\_

Post code ; \_\_\_\_\_ Tel. No : \_\_\_\_\_

Mobile No : \_\_\_\_\_

Child's first language's : \_\_\_\_\_ Other language spoken : \_\_\_\_\_

Ethnic origin : \_\_\_\_\_ Religion : \_\_\_\_\_

If we should need to contact somebody during the session and there is no one at the family home, please indicate where we could try to reach parent(s), or other carer, relative/ child minder. We will not allow anyone to pick up your child without your permission.

Relation / friend / child minder / other. Please state name & number ....

Contact 2 : \_\_\_\_\_ Contact 3 : \_\_\_\_\_

Contact 4: \_\_\_\_\_

Password : \_\_\_\_\_

