



Registration Form - Hatch End

Return to: The Scout Hall, Uxbridge Road, Hatch End, HA5 4PH.

020 8868 9415 | info@jigsawnursery.co.uk

Your child's details

Child's Name: Male Female
Child's NHS No: Date of birth:
Address:
County: Postcode:
Home Telephone:
Religion: Language(s) spoken:

Parents and emergency contact details

Mother's Name: Mobile tel.no:.....
Email: Work tel.no:
Father's Name: Mobile tel.no:.....
Email: Work tel.no:
Emergency Contact (other than parent) :.....
Relationship to child: Tel/mobile no:

Doctors details

Doctor's Name: Tel.no:.....
Address:
Allergies/Dietary Requirements:
Special Needs/Additional Information:

Terms and conditions

- I/we give Jigsaw permission to seek medical advice or treatment should the need arise.
- I/we agree that one terms written notice must be given before removal of a child or one terms fees will be payable.
- I/we give permission for any member of the staff to accompany my child to the outside area/nature walks, use the photographs on nursery displays/website.
- I/we have read the Prospectus and wish to register my/our child with Jigsaw Nursery School.
- I/we have paid the registration fee of £50.00 in cash/by bank transfer. Sunbeams Childcare Ltd. Lloyds Bank Account number: 04052078- Sort Code: 30-99-21 (please put your child's name as the payment reference)
- I/we agree that when my child is three and eligible for the 3-4 year old Government funding I/we will take the extra services offered by the nursery. I/we understand that there is a charge for these services.

Signature(s): Date:

Signature(s): Date:

Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice)



Office use only

ITEM	DATE: RECEIVED/SENT	OTHER
Registration fee		CASH BANK TRANSFER
Deposit		£200 CASH BANK TRANSFER
Sessions confirmed		38 weeks M T W T F 9-12 AM M T W T F 12-3 PM
		BC M T W T F
		ASC M T W T F
		47 weeks M T W T F 9-3 AM M T W T F 8-6 PM
2 Year funded		YES/NO
ID seen		Birth certificate YES/NO Issue date _____ NHS number YES/NO Benefit / Eligibility letter YES/NO Copy attached YES/NO
3/4 Year funded		YES/NO
ID seen		Birth certificate YES/NO Issue date _____ NHS number YES/NO
Letter sent confirming registration		YES/NO