



Registration Form - Pinner

Return to: Jigsaw Nursery Schools, Pinner Baptist Church,
70 Paines Lane, Pinner, Middlesex, HA5 3BL
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 CHEQUE BANK TRANSFER
Deposit		£200 CASH BANK TRANSFER
Sessions confirmed		M T W T F AM M T W T F PM
2 Year funded		YES/NO
ID seen		Birth certificate YES/NO Issue date _____ NHS number YES/NO Benefit 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

