Registration Form





Full Name of Child:				TOAYCARE NURSE
Date of Birth/ Due Date:			Gender:	Ourney, Our I will
Address:				GINGS OUR HOME. YOUR FORMIN
			Post Code:	
Religion: Do you belon			ng to a Synagogue? Please specify if applicable:	
Nationality:			Language spoken at home:	
Dietary requirements:			Allergies:	
Special Education	nal Needs/	Disabilities (ple	ase use additional paper if required):	
How did you hear about us?			Start Date Required:	
Parent/Carer One Full Name:			Relationship to Child:	
Mobile Tel:			Email:	
Home Tel:			Work Tel:	
Parent/Carer Two Full Name:			Relationship to Child:	
Mobile Tel:			Email:	
Home Tel:			Work Tel:	
Please tick your required sessions (Minimum of 2 required)		Full Day Only 07.45 – 18.15	I/we have read and agree to the terms and conditions outlined in the Shofar Daycare Nursery Information Pack. I hereby enclose a £100 non-refundable registration fee. Please note that registration does not guarantee a nursery place the start date required. Cheques should be made payable to Shofar Day Care Centre. Please note that registration does not guarantee a nursery place for the st	
Monday Tuesday				
Wednesday			date required. To secure a place at Shofar Daycare Nursery there is a deposit, payable	rantee a nursery place for the star
Thursday				ra is a danosit navahla
Friday (07.45-16.15) Jours indicated are the expropped off and picked up at a addition to a minimum of the second	t any time in be two full days, w	tween. e may be able to	immediately, equal to one month's fees, based or booking for your child. You can determine the an discuss this with the nursery staff if you are uncer	n the sessional attendance you are nount from our fee table, and ma
ffer additional half-day lease indicate which extra so ecome available.			Once we have accepted your deposit, and you has acceptance form, your child's place is guaranteed	I. Deposits are refunded up to 6
Please tick your required sessions Morning 08.00 –13.00		Afternoons 13.00 –18.00	weeks after the last month of your child's attendal liabilities to the nursery having been paid in full, months' notice in writing is given prior to the child the chi	ull, and providing two calendar child leaving. If a child leaves
Monday Tuesday			without full notice, we will offset the deposit paid invoice the balance. If your child does not attend	

If you can be flexible, please let us know how many days you require:

Wednesday

Thursday

Friday

Parent/Carer Two:______Date:____

the place has been accepted, then the deposit is non-refundable. In addition to the

payments these fees are payable by cheque with no additional charge as a one-off.

deposit and registration fee, you need to pay the first month's fees in advance,

before your child starts in the nursery. If there isn't time to set up direct debit

Shofar Daycare Nursery Sternberg Centre, East End Road, N3

Call us: 020 8346 3453 admin@shofardaycarenursery.org.uk www.shofardaycarenursery.org.uk Registered office as above. Shofar Daycare Nursery is a company limited by guarantee registered in England and Wales no: 9395603 and registered as a charity in England and Wales no. 1160802





(1300-1615)



Parent/Carer One:



