

**POPPETS PRE-SCHOOL**  
**REGISTRATION FORM**

Child's First Name		Childs Surname		Date of Birth		Boy / Girl	
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Home Address 1	
Home Address 2	
Home Address 3	
Post Code	
Telephone No.	
e-mail	

**Days Required**

9am to 12noon		Lunchtime (Mark with an X) 12noon to 1pm		Afternoon (Mark with an X) 1pm to 4pm		Nursery Pick Up / Drop Off (Mark with an X)	
Monday		Monday		Monday		Monday	
Tuesday		Tuesday		Tuesday		Tuesday	
Wednesday		Wednesday		Wednesday		Wednesday	
Thursday		Thursday		Thursday		Thursday	
Friday		Friday		Friday		Friday	

Preferred Start Date

My Child is eligible for the following funding (Mark with an X) : -	
Two Year Old	
Three Year Old	
None	

Any additional information (e.g. medical conditions, family circumstances) etc. : -
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By returning this Registration Form via post or e-mail I am confirming that I am aware of the Pre-School's terms and conditions, as well as their policies and procedures. I agree to familiarise myself with, contribute to and adhere to them, throughout the time my child attends Poppets Pre-School.
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Signed : -		Date : -	
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