



Springfield Nursery

Initial Registration Form

Initial Registration Form				
Child's Full Name:				
Date of Birth:				Age:
Address:				
Home Tel no:				
1. Parent/Carer Details & Contact Tel No:				
2. Parent/Carer Details & Contact Tel No:				
Contact Email Address:				
Specify below the hours of Child Care needed. Our regular hours are between 8am and 6pm; please remember to indicate if you require Child Care before or after these times. Thank You				
Monday	Tuesday	Wednesday	Thursday	Friday
Anticipated Start Date:				
<p>To initially register your child and cover administration costs a £30 Non-Refundable fee is required. On confirmation of your child's place, you are required to pay a Deposit based on your child's monthly attendance. This deposit stays on your account until your child leaves Springfield at which point it is offset against your final invoice.</p> <p><u>SPRINGFIELD IS UNABLE TO SECURE YOUR CHILD'S PLACE UNTIL A DEPOSIT HAS BEEN RECEIVED</u></p> <p>Please make all cheques payable to: Springfield Nursery</p>				
1. Parent/Carer Signature:				Date:
2. Parent/Carer Signature:				Date:
FOR OFFICE USE ONLY				
Registration Fee Received				Cash/ Cheque No.