



Acorns Nursery School

Shackleford Village Hall
Shackleford, Surrey GU8 6AE
Registered Charity Number 1028177

Contact : 01483 860723 (during opening hours) and 07849 633614 8am - 3pm weekdays.

REGISTRATION FORM

Name and Contact Details

Child's full name:.....

Name known by:.....(Boy/Girl) Date of birth:.....

Address:.....

..... Postcode:.....

Parents' Names:

Mob:..... Mob:.....

Email:..... Email:.....

Home telephone number:.....

Other Information

Child's first language.....Other languages spoken at home.....

Special requests/requirements about religious observance, food, clothing, health or other matters
which we should observe.....

Has your child any on-going health problems?.....

Term / Half Term you wish your child to start with us:.....

Please complete this form and return it with a £20.00 Registration Fee. If we are able to offer your child a place a £50.00 deposit fee will be invoiced to you the term before your child starts. If we reserve a place for you and you decide not to take it up please give us at least half a term's notice - if you do not do so half a term's fees will be payable. The £50.00 deposit fee is refunded to you if your child remains at Acorns until first school entry.

If you have downloaded this form from our website please telephone Karen Bennett on 01483 860723 or email her at acornsadmissions@gmail.com to check availability of places before you send us a completed form.

Please reserve a place for my child at Acorns. I enclose a cheque (payable to Acorns Nursery School)/ cash for £20 now as a registration fee. I accept the terms and conditions outlined in the registration form.

Signed :.....Date:.....

Please Print Name:.....Name of Child:.....