



Forest House Day Nursery
 Pinehill Road
 Bordon
 Hampshire
 GU35 0BS
 Tel: 01420 489417

REGISTRATION FORM

Personal Details

Child's Surname:	First Names:	
Date of Birth:	Boy:	Girl:
Mothers Name:	Fathers Name:	
Contact Address:		Postcode:
Home Telephone:		
Mother's Work Tel:	Father's Work Tel:	
Mother's Mobile:	Father's Mobile:	
Mother's email:	Father's email:	

Attendance Required

I would like my child to attend from:

Please tick the boxes for the sessions you would like below:

	Mon	Tue	Wed	Thu	Fri
Full Day					
Morning					
Afternoon					

I/we have read and agree with the Terms and Conditions, and understand that from time to time it may necessary to amend them, that we will be bound by any such ammendments, and that the terms and conditions at any time are displayed and available at the nursery. I / we would like to register for a place at Forest House Day Nursery.

I / we enclose the non refundable registration fee of £100.00 (*Cheques payable to "Forest House Day Nursery" please*).

Signature _____ **Name** _____ **Date** _____

For Office Use Only		
Registration Fee:		Date:
Place Offered:		Date:
First Months Fees:		Date:
Enrolment Form:		Date:
Mobile Phone Logged:		Date:
Email Address Logged		Date:

THIS PAGE TO BE COMPLETED FOR PRE-SCHOOL AND 2 YEAR OLD REGISTRATION

Please answer all questions – if “No” to the first question of each session go to next section

2 Year Old Funding:

1. Are you eligible to receive 2 Year Old funding at Forest House: Yes_____ No_____

If “Yes” for Q1 please state your Refence Number:_____

2. Do you intend to split your 2YO funding with another setting: Yes_____ No_____

If “Yes” to Q2 please state the name of the other setting and indicate the split of your funding between the settings:

Forest House_____ Hours per week. _____ Hours per week

3 Year Old Funding:

3. Are you eligible to receive 3 Year Old funding at Forest House: Yes_____ No_____

4. Do you intend to split your 3YO funding with another setting: Yes_____ No_____

If “Yes” to Q4 please state the name of the other setting and indicate the split of your funding between the settings:

Forest House_____ Hours per week. _____ Hours per week

Extended 3 YO Funding:

5. Are you eligible for Extended Funding to use at Forest House: Yes_____ No_____

If “Yes” to Q5 please state your Eligibility Code: _____

National Insurance Number: _____

Full name of parent claiming funding: _____

6. Do you intend to split your Extended Funding with another setting: Yes_____ No_____

If “Yes” to Q6 please state the name of the other setting and indicate the split of your funding between the settings:

Forest House_____ Hours per week. _____ Hours per week

I understand that it is the responsibility of the parent / carer, and not the nursery, to reconfirm my child’s eligiblity every 3 months. I agree that in the event that Forest House is not reimbursed by Hampshire Early Years for the full amount claimed on my behalf for any reason, then I will be liable for the charges incurred at Forest House’s standard published fee rates.

Parent Signature_____ Name_____

Date_____