



## KEREN'S BELSIZE NURSERY REGISTRATION FORM

START DATE			
CHILD'S NAME			
ADDRESS			
TOWN			
CITY		POSTCODE	
DATE OF BIRTH		HOME TEL	
PARENT 1 NAME			PARENTAL RESPONSIBILITY <input type="checkbox"/>
PARENT 1 MOBILE		WORK TEL	
PARENT 1 EMAIL			
PARENT 2 NAME			PARENTAL RESPONSIBILITY <input type="checkbox"/>
PARENT 2 ADDRESS (if different from above)			
PARENT 2 MOBILE		WORK TEL	
PARENT 2 EMAIL			
MAIN LANGUAGE			
ARE YOU A MEMBER OF BELSIZE SQUARE SYNAGOGUE?	YES <input type="checkbox"/>		
ANY ALLERGIES? (If yes, kindly also inform us in person)			
EMERGENCY CONTACT			
DR'S NAME & TEL NO			
<b>OFFICE USE ONLY</b>			
DEPOSIT PAID	£	DATE PAID	
CONFIRMED PLACE		WAITING LIST	

Please read our Deposit Terms & Conditions before paying your deposit.

**Bank Account Details for Payment of Deposit:**

Account Name: Kerens Gan Belsize Ltd

Account Number: 70654425

Sort Code: 60-09-05

