

KEREN'S NURSERY HAMPSTEAD GARDEN SUBURB REGISTRATION FORM

START DATE							
CHILD'S NAME							
ADDRESS							
TOWN							
CITY			POS	STCOL	DE		
DATE OF BIRTH				HOME TEL			
PARENT 1 NAME			•		PAREN1	TAL RESPONSIBILITY	
PARENT 1 MOBILE	We			WOR	ORK TEL		
PARENT 1 EMAIL							
PARENT 2 NAME				F	PARENT	AL RESPONSIBILITY	
PARENT 2							
ADDRESS							
(If different from above)							
PARENT 2 MOBILE				WOR	RK TEL		
PARENT 2 EMAIL							
MAIN LANGUAGE							
ANOTHER PERSON							
COLLECTING YOUR O	HILD?						
(Au pair, grandparer	nts etc)						
ANY ALERGIES? (If y							
kindly also inform us in							
person)							
EMERGENCY CONTACT							
DR'S NAME & TEL NO							
OFFICE USE ONLY							
DEPOSIT PAID	£		DATE D				
CONFIRMED PLACE			WAITIN	IG LIST			

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

Bank Account Details for payment of Deposit:

Account Name: Kerens Gan Ltd

Account No: 70711135 Sort Code: 600905

V. 130717

