



## KEREN'S HOLLAND PARK NURSERY REGISTRATION FORM

START DATE			
CHILD'S NAME			
ADDRESS			
TOWN			
CITY		POSTCODE	
Date of birth		HOME TEL	
MOTHER'S NAME			PARENTAL RESPONSIBILITY <input type="checkbox"/>
MOTHER'S MOB		WORK TEL	
MOTHER'S EMAIL			
FATHER'S NAME			PARENTAL RESPONSIBILITY <input type="checkbox"/>
FATHER'S ADDRESS/TEL <small>(If different from above)</small>			
FATHER'S MOB		WORK TEL	
FATHER'S EMAIL			
MAIN LANGUAGE			
ARE YOU A MEMBER OF HOLLAND PARK SYNAGOGUE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ANY ALLERGIES? Please 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 Holland Park

Sort Code: 600905

Account number: 70728739

IBAN: GB80NWBK60090570728739

BIC: NWBKGB2L

