



52 Fleet Road
 Fleet
 Hampshire
 GU51 4PA
 Tel: 01252 617473

APPLICATION FOR REGISTRATION

Personal Details

| | | |
|--------------------------|--------------------------|-----------|
| Child's Surname: | First Names: | |
| Date of Birth: | Boy: | Girl: |
| Mother/ Parent Name: | Father/ Parent Name: | |
| Contact Address: | | Postcode: |
| Home Telephone: | | |
| Mother/ Parent Work Tel: | Father/ Parent Work Tel: | |
| Mother/ Parent Mobile: | Father/ Parent Mobile: | |
| Mother/ Parent email: | Father/ Parent 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 Heath House Day Nursery.

I / we understand that a non-refundable registration fee of £100.00 is required to secure my place. This can be paid by cash, cheque or bank transfer:

Bank: HSBC, Fleet Branch **Account Name:** KZAR Childcare Limited **Sort Code:** 40-21-27 **Account Number:** 51445316

For bank transfers, please use your child's surname + REG FEE as a reference.

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: |

Early Years Funding Offer

Tick the relevant box(es) to confirm which funding you will be claiming:

| | | |
|--|--|--|
| <input type="checkbox"/> 9 months to under 2-years-old (working families eligibility criteria) | <input type="checkbox"/> 2-years-old (disadvantage eligibility criteria) | <input type="checkbox"/> 2-years-old (working families eligibility criteria) |
| <input type="checkbox"/> 3 and 4-year-old Universal Entitlement | <input type="checkbox"/> 3 and 4-year-old (working families eligibility criteria for 30 hours) | |

Funding information:

Funding Reference Number: _____

Claiming Parent National insurance number: _____

Full name of the Claiming Parent: _____

Do you intend to split your funding with another setting: Yes _____ No _____

If Yes Please provide details of other setting and indicate the split of your funding between the settings:

Heath House Day Nursery to claim _____ Hours per week.

Second setting name: _____ to claim _____ Hours per week.

I understand that it is the responsibility of the parent / carer, and not the nursery, to reconfirm my child's eligibility every 3 months. I agree that in the event that Heath 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 Heath House's standard published fee rates.

Parent Signature: _____

Name: _____

Date: _____