

# BOLTON SCHOOL NURSERY

Telephone: (01204) 434732

## REGISTRATION FORM for the **NURSERY CLASS** only



1. **Surname of Your Child:**  Boy  Girl

**First Names:**

(Please underline the name generally used)

Date of Birth:

Proposed Future School/s:

Brother/Sister previously attended Nursery

**Mother's/Guardian's Title, Full Names,**

**Address (including postcode) and Occupation:**

Home telephone no. : \_\_\_\_\_

Place of work: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's/Guardian's Title, Full Names,**

**Address (including postcode) and Occupation:**

Home telephone no. : \_\_\_\_\_

Place of work: \_\_\_\_\_

Work telephone no.: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Early registration is recommended. Registrations will be considered in the order they are received. The offer of a place is subject to availability. Once a place is offered, a deposit of £250 is payable upon acceptance and before an entry date can be confirmed.**

Mother's/Guardian's Signature: .....

Father's/Guardian's Signature:.....

Name in full: .....  
(Please include all names)

Name in full: .....  
(Please include all names)

Date:.....

Date.....