



Chalkhouse Nursery

@ Earley

REGISTRATION FORM

Name of child:

Date of birth:

Sessions required:

(minimum 2 per week)

Start date:

Parent's name:

Phone number:

Email address:

Deposit

Amount []

Paid (Y/N) []

Please pay deposits to the below account, quoting your child's name as reference

SORT CODE: 23-14-70

A/C NUMBER: 50826245

A/C NAME: Chalkhouse Child Care Lower Earley Ltd

All deposits will be returned in month 4 after 3 paid invoices

Parent/carer signature: _____

Date: _____