

NURSERY REGISTRATION FORM

part of	
WARWICKSHIRE	COLLEGE GROUP

Child's details		Date of application:				
Name:		Male / Female (delete as appropriate)				
Date of birth:		Religion:				
Ethnicity:		First language:				
Does your child have any disabilities	or special requiremen	its?				
Parent/Guardian details Are you a student at Warwickshire (If yes, please state: Course title:			e tutor			
Name (1):		Name (2):				
Occupation:		Occupation:				
Email:		Email:				
Address:		Address (if different):				
Home Tel:		Home Tel:				
Work Tel:		Work Tel:				
Mobile:		Mobile:				
Days and hours Please indicate which days you wish	your child to attend a		ate: ours each day			
AM Monday	Tuesday	Wednesday	Thursday	Friday		
PM						
Are you using government funding a Hours being used per week:			NEF			
You will be invoiced via email mon £50 registration fee payable on con	•	•	month. There is a r	on-refundable		
Please email this form to <u>nurseryru</u> CV21 1AR	<u>g@warwickshire.ac.uk</u>	or post to The Colle	ge Nursery, Technol	ogy Drive, Rugby,		
Birth certificate seen by:	h certificate seen by:(Staff use only)					

The college is registered under the Data Protection Act 1998. The information you provide on this registration form is NOT shared with any third parties. It will be held on a database for the purposes of managing your application. We will send you communications related to joining the nursery.