

# Registration Form

## Sunshine Nursery School

Office Address: 38 Beresford Road, New Malden, Surrey KT3 3RQ

T: 07500 563984 E: [lisalowden1@hotmail.com](mailto:lisalowden1@hotmail.com)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

Sibling's names and ages: \_\_\_\_\_

\_\_\_\_\_

Special information about child (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Date of entry to the Sunshine Nursery: \_\_\_\_\_

Future school and date of entry: \_\_\_\_\_

\_\_\_\_\_

I enclose a registration fee of £50.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_