



Golden Valley House Day Nursery



18 Oaksey Grove
Nailsea BS48 2TP

Initial Registration Form

Tel: 01275 853304
info@gvhdn.co.uk

Your child cannot be put on the waiting list until this form has been returned to the Nursery.

Child's Name _____ D.O.B. _____ Age _____

Mother's Name _____ Father's Name _____

Address _____ Post code _____

Tel Home _____ Mobile _____ Work _____

Email Address _____

When would you like your child to start nursery? _____

Please tick the sessions
you would prefer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Do you work? YES / NO if yes which days? _____

Do you Attend College? YES / NO if yes which days? _____

When will your child leave nursery? _____

Is your child's name on the waiting list of any other nursery or playgroup? YES / NO Will your child attend playgroup as well as this nursery? YES / NO

Which school will your child attend? _____

How did you hear about the nursery? _____

Signed _____ Date _____

Office use only:- Sessions.....Start.....Visits.....
Deposit £..... Sent..... Return by.....Date received