



Dews Road, Salisbury SP2 7SN  
Tel: 01722 770025 Fax: 01722 340672  
Email: [info@littlefishes-nursery.org.uk](mailto:info@littlefishes-nursery.org.uk)  
Chairman: Rev. Gordon Malcolm  
Manager: Chloe Young  
Admin Manager: Carolann Harris

Please enrol my child in the Nursery from (date)

Monday	AM	PM	Full day	School Day (8..30 - 3.30)
Tuesday	AM	PM	Full day	School Day (8..30 - 3.30)
Wednesday	AM	PM	Full day	School Day (8..30 - 3.30)
Thursday	AM	PM	Full day	School Day (8..30 - 3.30)
Friday	AM	PM	Full day	School Day (8..30 - 3.30)

I would like my child to attend the following sessions, and agree to send the registration fee when confirmation is received.

Child's full name:

Date of Birth

Address:

Telephone contact

Mother's full name

Daytime contact address

Telephone

Father's full name

Daytime contact address

Telephone

**First person to be contacted in case of emergency, if parents not available:**

Name:

Relationship:

Address:

Telephone Number:

## Name of person(s) who will normally collect your child

Name:

Relationship:

Name

Relationship:

*(If at any time another person is to collect your child and additional consent form must be filled in)*

Please give details of anyone you **do not** wish to collect your child.

- **I agree to pay fees in advance weekly/monthly**(delete as applicable).
- **I realise that non payment of fees will result in the loss of the place for my child.**
- **I understand that any cheques returned unpaid by the bank will result in a £15 penalty charge from the Nursery.**
- **Late payments will incur penalty charges and may result in the loss of my child's place, if ongoing.**

I have read and agree to abide by the terms and conditions of the Nursery and have read and signed the parent's contract.

Signed:

Print Name:

Date:

**By submitting this form you are agreeing to the above. PLEASE NOTE your registration will not be complete until your registration fee is received by the nursery. This form on it's own is not a guarantee of a place.**