



# Penguins Nurseries

## POULTON PENGUINS

### REGISTRATION FORM

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name (if different from above): \_\_\_\_\_

Name of persons with  
Parental Responsibility:

Name	Relationship to child

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

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

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

Has your child any ALLERGIES, ILLNESSES or ADDITIONAL NEEDS? YES  NO

If YES, please give details: \_\_\_\_\_

\_\_\_\_\_

Please state your preferred START DATE: \_\_\_\_\_

Please tick  
(✓) the  
sessions  
you require  
in the table:

	Morning Session	Lunch	Afternoon Session
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

IF THE SESSIONS YOU HAVE REQUESTED ARE UNAVAILABLE WOULD YOU BE TO ACCEPT ALTERNATIVE DAYS?

YES  NO

**I have enclosed the non-refundable registration fee of £25 if applicable (see prospectus for details)**

(Please make cheques payable to: **Penguins Nurseries Ltd**)

SIGNED (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_