



## **REGISTRATION FORM**

given below.

	<b>M</b> (0	• •	was received:art in:
Please return this fo	orm to:		
Mrs Claire Taylor Jigsaw Curzon House Day Wrexham Road, Chester CH4 9DQ	Nursery		
PLEASE USE BLOCK	CAPITALS		
1. Full Name of Ch	nild		
Date of birth		Sex	
Address			
Post code			
Home Telephor	ne number		
Child's first lang	Juage	Religion	
2. Please tick time	s of attendanc	e which you require:	
Day	Full Day	Half Day am	Half Day pm
Monday			
Tuesday			
Wednesday			
Wednesday Thursday			

Requested starting date.....

3.	Parent/Carer Full Name	Dr/Mr/Mrs/Miss/Ms
	Works TelephoneMobile Telephone	
	Employer's Name and address	
Pe	ersonal Email	
4.	Parent/Carer Full Name	Dr/Mr/Mrs/Miss/Ms
	Works TelephoneMobile Telephone.	
	Employer's Name and Address	
Pe	ersonal Email	
5.	Name and Address of child's doctor	
	Telephone No	
6.	Does your child have any allergies, medical conditions	or need for
	Special care?	
7.	. What immunisation has your child had to date?	
8.	. Please indicate whether your child has any food or drir	nk allergies or
	Special dietary requirements	
9.	. Is there anything else we should know about your child	\$

## PLEASE SIGN AND RETURN

## **Agreement/ Declaration**

I enclose an administration fee of £50.00 which reserves a place for my child at Jigsaw Curzon House Day Nursery and which I understand is non-returnable after a place has been confirmed.

I agree to pay fees against an invoice for the first month, or part of a month, attended by my child; and thereafter monthly in advance, due on the first day of each calendar month.

I have read and understood the nursery information given by Jigsaw along with the registration form and I understand that refunds will not be made for periods of absence.

I understand that I can access all the nurseries policies on the nursery APP and have signed up to this APP.

I undertake to give two months' notice in writing if I wish to change the date of which my child is due to start the nursery, if one month's notice is not given I will be charged from the date stated on my registration form.

I undertake to give one month's notice in writing when my child's place on any day is no longer required, and to pay fees for that month.

I have read and understood **all** policies and procedures including the Privacy Policy which states how all information provided by myself will be used and stored. I acknowledge and understand that on return of the registration form Jigsaw Day Nursery will hold personal details about me and my child.

I understand my rights outlined in the GDPR Privacy Policy and opt **in** For Jigsaw to store mine and my child's Personal data as outlined in the policy.

I accept all Jigsaw Curzon House Day Nursery's Policies, Procedures, Terms and conditions.

Full	Name		
Signed	(Dr/Mrs/Ms/Mr/Miss)		
Mother/Father/Guardian	Date		