



REGISTRATION FORM

Please complete this form and return with your registration fee as soon as possible to secure your place.

Name of Child:

Date of Birth:

Address:

..... Tel:

Email address:

Start date at Nursery:

Please circle your preferred sessions:

Monday	Tuesday	Wednesday	Thursday	Friday
9.15-12.15	9.15-12.15	9.15-12.15	9.15-12.15	9.15-12.15
1.15-3.45	1.15-3.45	1.15-3.45		
9.15-3.45	9.15-3.45	9.15-3.45		

We cannot positively guarantee your preferred sessions at this stage but will do our utmost to accommodate your preference.

I enclose my non-refundable registration fee of £35 as cheque/cash .

Signed: Date:

Please make cheques payable to The Grove Nursery.
Please return form and fee to The Grove Nursery, All Saints Church Hall,
Weybourne Way, New Haw, Addlestone, Surrey KT15 3DH.