



52 Fleet Road
 Fleet
 Hampshire
 GU51 4PA
 Tel: 01252 617473

APPLICATION FOR REGISTRATION

Personal Details

Child's Surname:	First Names:	
Date of Birth:	Boy:	Girl:
Mothers Name:	Fathers Name:	
Contact Address:		Postcode:
Home Telephone:		
Mother's Work Tel:	Father's Work Tel:	
Mother's Mobile:	Father's Mobile:	
Mother's email:	Father's email:	

Attendance Required

I would like my child to attend from:

Please tick the boxes for the sessions you would like below:

	Mon	Tue	Wed	Thu	Fri
Full Day					
Morning					
Afternoon					

I/we have read and agree with the Terms and Conditions, and understand that from time to time it may necessary to amend them, that we will be bound by any such ammendments, and that the terms and conditions at any time are displayed and available at the nursery. I / we would like to register for a place at Heath House Day Nursery.

I / we enclose the non refundable registration fee of £100.00 (*Cheques payable to "Heath House Day Nursery" please*).

Signature _____ Name _____
 Date _____

For Office Use Only		
Registration Fee:		Date:
Place Offered:		Date:
First Months Fees:		Date:
Enrolment Form:		Date:
Mobile Phone Logged:		Date:
Email Address Logged		Date:

THIS PAGE TO BE COMPLETED FOR PRE-SCHOOL AND 2 YEAR OLD REGISTRATION

Please answer all questions – if “No” to the first question of each session go to next section

2 Year Old Funding:

1. Are you eligible to receive 2 Year Old funding at Heath House: Yes _____
No _____

If “Yes” for Q1 please state your Refence Number: _____

2. Do you intend to split your 2YO funding with another setting: Yes _____
No _____

If “Yes” to Q2 please state the name of the other setting and indicate the split of your funding between the settings:

Heath House _____ Hours per week. _____ Hours per week

3 Year Old Funding:

3. Are you eligible to receive 3 Year Old funding at Heath House: Yes _____
No _____

4. Do you intend to split your 3YO funding with another setting: Yes _____
No _____

If “Yes” to Q4 please state the name of the other setting and indicate the split of your funding between the settings:

Heath House _____ Hours per week. _____ Hours per week

Extended 3 YO Funding:

5. Are you eligible for Extended Funding to use at Heath House: Yes _____
No _____

If “Yes” to Q5 please state your Eligibility Code:

National Insurance Number:

Full name of parent claiming funding:

6. Do you intend to split your Extended Funding with another setting: Yes _____
No _____

If “Yes” to Q6 please state the name of the other setting and indicate the split of your funding between the settings:

Heath House _____ Hours per week. _____ Hours per week

I understand that it is the responsibility of the parent / carer, and not the nursery, to reconfirm my child’s eligiblity every 3 months. I agree that in the event that Heath House is not reimbursed by Hampshire Early Years for the full amount claimed on my behalf for any reason, then I will be liable for the charges incurred at Heath House’s standard published fee rates.

Parent Signature _____ Name _____

Date _____