



5 Middle Road
Devonshire

Telephone: (441) 295 7713 Cell: 504 7713
E-mail: ouat1and2@gmail.com

CHILD'S DETAILS

| | | | |
|---|----------------------|-----------------------|----------------------|
| Child's First Name | <input type="text"/> | Child's Home Address: | <input type="text"/> |
| Child's Surname | <input type="text"/> | | <input type="text"/> |
| Known as | <input type="text"/> | Postcode | <input type="text"/> |
| Male <input type="checkbox"/> Female <input type="checkbox"/> D.O.B. (DD/MM/YY) | <input type="text"/> | First spoken language | <input type="text"/> |
| Nationality | <input type="text"/> | | |

Advise if your child has any known medication or food allergies or takes regular medication. If so, please give details:

Does your child have any additional needs or receive specialist support, for example, speech and language therapy? If so, please give details:

MOTHER'S DETAILS

| | |
|---------------|----------------------|
| Mother's Name | <input type="text"/> |
| Home Tel | <input type="text"/> |
| Place of work | <input type="text"/> |
| Cell | <input type="text"/> |
| Email | <input type="text"/> |

FATHER'S DETAILS

| | |
|-------------------------|----------------------|
| Father's Name | <input type="text"/> |
| Home Tel (if different) | <input type="text"/> |
| Place of work | <input type="text"/> |
| Cell | <input type="text"/> |
| Email | <input type="text"/> |

Mailing Address (if different from above)

NURSERY DETAILS

Preferred Start Date July August September Year

Indicate the session required:

Full Time 3 Days 2 Days 5 Mornings 3 Mornings 2 Mornings

Please indicate whether you would consider a place at our other location? Yes No

Primary School of Choice



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MUST READ

1. A deposit of \$500.00 is required to secure a place at the nursery.
2. The deposit will not be refunded if the place is not taken.
3. Payment of deposits and fees should be made payable to 'Once Upon a Time' by either cash or by direct banking to Butterfield Bank, Once Upon a Time Limited, 20006060716615100
4. The initial deposit will be reimbursed when a child leaves the nursery, providing **three months' notice is given**. If the notice period is not adhered to then the deposit will be forfeited.
5. If a child leaves the nursery without notice, having paid the monthly fee, then no refunds will be given.

I have read the above and understand the terms and conditions

Parent / Guardian Signature: _____ Date: _____

GUIDANCE NOTES

1. Please complete the form in full and email it to ouat1and2@gmail.com. On receipt of the registration form and fee, you will be placed on the registration list and be contacted closer to enrolment and advised on availability.
2. Enclose the non-refundable registration fee of \$25 for one location or \$35 if registering at both locations.
Cheques should be made payable to **Once Upon a Time Limited**.
Payments can be made to the **Bank of Butterfield, Once Upon a Time Limited, Acc. No: 20006060716615100** (Please include child's name and details)
3. Confirmation of receipt of registration form and fee will be sent via email. You will be contacted closer to enrolment with availability.

FOR OFFICE USE ONLY

Registration Fee

Date Received Amount

Deposit

Date Received Amount

Tour Date Orientation 1 Date Orientation 2 Date