Polly Anna's

Daycare Nursery
3 North Lane, Haxby, York. YO32 3JP Tel. 01904 765049

Pre Registration & Booking Form for Children aged Over 1 Year

TO RESERVE YOUR CHILD'S BOOKING, PLEASE RETURN WITH APPROPRIATE DEPOSIT TO THE ADDRESS ABOVE AS SOON AS POSSIBLE.

1.	Full Name of Child																	
2.	Date of Birth:																	
3.	Child's Address:																	
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4.	Shared Care? (Seperated Families) Yes / No																	
5.	Main Carer's Name:																	
	Telephone Number:																	
	Email Ad	ldress:																
	Day Month Yr																	
6.	What date you would like your child to start at the nursery:																	
7.	How old will your child be on that date: Years Months																	
	Please inc	dicate with	n a tick the	davs a	nd se	essio	ns rec	uire	d.									
	Please indicate with a tick the days and sessions required. Mon Tue Wed Thurs Fri																	
		A.M.	101011	<u></u>	<u></u>		1100		-	11011			-					
		P.M.																
		LL DAY																
(If we	are unable t	to offer you	the days an									y and	sugg	est al	itern	atives	sor	
8.	Deposit		place yo	ur chile	d's na	ame o	on our	wait	ıng	list.)								
0.	Due to the long term commitment we make when taking your booking, we must ask you to make a																	
	similar commitment to us. We therefore ask for a deposit of £100.00																	
			efunded subj															
			Deposits wil															
	only one deposit per family is required, with the deposit going to any subsequent child with the same																	
	terms and conditions applying. Please pay deposit by Bank Tranfer, details below. In the event that we cannot provide you with the session/days you require we will return your deposit																	
	with a letter of explanation. Deposits are not refunded if a booked places is not taken up.																	
9.	We recommend a minimum booking of 4 sessions (or day/session) for you child to fully benefit for their time with us and to experience the Early Years Foundation Stage of Education we offer.																	
10.	We will share your contact details with your local City of York Childrens Centre. Please tick here ☐ if you do not wish for this information to be shared with them.																	
I wish to	book my cl	nild into Po	olly Anna's D	Daycare	Nurs	sery a	and un	ders	tand	the	cond	litions	of bo	okir	ıg.			
Signatur	e of Main	Carer			•••••					•••••	Da	ate		•••••	· • • • • • •			
Bank De	etails:							De	nos	it P	aid	Ву Ва	nk '	Frar	ısfo	r		
Account		Polly Annas Nursery										Box to				· [
Sort Cod		09-02-22												,		L		
Account	Number:	1045245																

Reference (Your Childs Name)