

SINCLAIR HOUSE SCHOOL

Nursery Registration Form

Term Time]				Day Ca	are		
	Preferred Star	rt Date:						
Preferred Se	ession (please n	ote these o	an only be	offered acc	ording to a	vailability	')	
	Monday Tu	esday V	/ednesday	Thursday	Friday	Full time	•	
8am -2pm								
1.45- 6pm	i							
Please note that all	Baby Room childre	en are require	d to attend D	ay Care and a	minimum of 3	sessions a	week.	
r Nursery Children are required to attend	a minimum of 3 se	ssions a weel	and Upper N	lursery Childre	en are require	d to attend	a minimum of 5 sessions a w	
Child's First Name (s)	Middle Name (s)							
Surname				М 🗆	F			
Date of birth	Religiou	s denomin	ation		Natio	nality		
Address								
Postcode			Hom	ne Telephon	e Number .			
Mother's first's name			Mothe	r's Surname				
Occupation			Email .					
Work Telephone Number			Mobile	e telephone	number .			
Father's name			Father'	s Surname .				
Occupation			Email					
Work Telephone Number			Mobile	telephone	number			
Emergency Contact if Parent,	/Guardian unav	ailable						
How did you hear about Sincl	air House Scho	ol?						
Future schools registered an	d proposed dat	te of entry						
Known allergies, medical con	ditions or dietar	ry requirem	ents					
Has your child been identified	d as having a lea	arning need	? YES/NC) If yes, ple	ase explai	n:		
Has your child ever been assi	gned a Social W	orker? YES	/NO If yes	s please pro	vide contac	t details:		
Conditions of Registration								
To register your child please co	omplete the abo	ve form in f	ull and retu	rn it with an	accompany	ing non-r	efundableregistration	
Bank details: HSBC Bank, sort co IBAN: GB62HBUK					e made payal	ble to 'Sinc i	lair House School Ltd'	
I/We confirm that above info the Admissions Policy receive				-		-	•	
Signature of Parent(s)						Date	e	
		Please re	turn this fo	rm to:				