

For office use only		WL:	No.
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Bexley Manor Nursery School and Day Nursery

Waiting list registration Form

Child's Surname.....First names.....Male / Female

Date of birth Day.....Month.....Year.....

Address.....

.....Postcode.....

Email address.....

Surname Parent 1Mr / Mrs / Miss / Ms First name.....

Phone no. HomeWork/ mobile.....Occupation.....

Surname Parent 2Mr/ Mrs/ Miss/ Ms First name.....

Phone no. Home.....Work/ mobile..... Occupation.....

Siblings (Name & Date of birth)

When would you like your child to start at Bexley Manor? Month..... Year.....

Preferred attendance:

	7.30 – 5.30	7.30 -12.00/ 1.00	12.00/ 1.00 – 5.30
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Signed.....Parent/Guardian.

Name (Please print).....Date.....

Please return this form to: Miss S Hamilton, Bexley Manor Nursery School, 162 Penhill Road, Bexley, Kent DA5 3EA