



Registration Form

We do our best to accommodate everyone who registers with us, but we do not guarantee places. We recommend you apply as early as possible as we have limited places and offer these on a first come, first served principle. We do give priority to siblings, both at the nursery and the school, and to parents looking for full time places.

We always recommend you come and visit us first in order to meet our team, learn about our ethos and have a look around our wonderful facilities.

Please note that if we are able to offer you a place we will do this by email. Your place is only confirmed once you have paid the deposit and signed an acceptance form.

Privacy note: In line with the EU General Data Protection Regulation 2018 (GDPR) we use the data collected on this form to add your child to our waiting list so we have the basic information on them and contact information for you. We will keep this information on file if your child receives a place and if they do not receive a place we will keep this information on file in case a place becomes available during the period your child is of nursery age, unless otherwise requested to do so by yourselves, and then this form will be destroyed.
By completing this form you are giving consent that you understand this privacy note.

ABOUT YOUR CHILD:

Full name of child:	
Date of birth:	Gender:
Nationality:	Language spoken at home:

JOINING US:

When would you like to start: _____

Which days would you like your child to attend: We have a three day minimum policy

Monday	Tuesday	Wednesday	Thursday	Friday

Which Location:

Woodentops SW4		Woodentops SW12		Either	
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How did you hear about us? _____

Have you attended: Open Day Show Around

ABOUT YOU:

Primary Contact 1

Primary Contact 2

Full name:		
Relationship to child:		
Home Address:		
Home phone number:		
Mobile number:		
Email Address:		

Do you already have a sibling at our nursery: Yes Name: _____ No

Does your child already attend a nursery Yes Where: _____ No

Are you already registered at The White House Preparatory School _____

IMPORTANT INFORMATION:

Has your child had the following vaccinations? (Please tick)

Combined MMR: Separate MMR: Measles:

Tetanus: Diphtheria: Polio:

Tell us about any special medical conditions or educational needs your child has, including any allergies:

SIGNATURE:

I agree to abide by the Terms & Conditions of Woodentops Abbeville (please tick)

I enclose a non-refundable registration fee of £40 (please tick)

Bank details: **Woodentops Abbeville Village Ltd**: sort code: 30 65 41 - account number: 30626560

Please use your first initial and surname as the reference

Please make any cheques payable to **Woodentops Abbeville Village Ltd**, 1 Poynders Road, London SW4 8NX

SIGNED:

NAME:

DATE: