



the Willow

REGISTRATION FORM

Child's Full Name: _____

Date of Birth: _____ Male/Female: _____

Term of Entry: Autumn 20__ / Spring 20__ / Summer 20__ Age at Entry: ____ year ____ months

Note: A child must be at least two years and six months on their first day at The Willow

Parent's Details:

Father

Mother

Title:		
Full Name:		
Home Address:		
Home Telephone:		
Mobile:		
Email Address:		
Occupation:		
Nationality:		
Religion:		
How did you hear about us?		

Child's Medical Background e.g. allergies _____

Any other helpful information (special needs etc.) _____

Please return this form to our secretary, Amanda Hunt, once you have paid the registration fee of £75. BACS details are A/c: 00158920 Sort Code: 30 94 81. **Please put your child's name as a reference.** A letter confirming your registration will follow and we will be in touch to offer places approximately 15 months prior to your start at The Willow.

I have paid by BACS on (date): _____

For Office Use Only:	
1. Date Reg fee paid:	4. Date Deposit requested by:
2. Date Reg letter sent:	5. Date deposit paid:
3. Date Deposit letter sent:	6. Date acceptance letter sent: