Regis	tration Form	
Child's Surname:	Date of Birth: / /	
Forenames:	Gender: 🗖 Male 🗖 Fer	nale
Preferred name (If different):		
Please include the full name, address, email ad responsibility for this child:	dress and telephone numbers of all those	with paren
Name of Parent/Carer (including title)	Name of Parent/Carer (including title)	
Home Address:	Home Address:	
Postcode:	Postcode:	

These email addresses will be used to confirm receipt of this form, keep you informed regarding waiting lists and offers of places.

Please indicate when you would like your child to start and which sessions you require:

Start date: September/ January / April (delete as applicable) Year: 20_

• All children are eligible for 15 hours universal entitlement from the term following their third birthday, places are offered for 5 three-hour sessions per week and can be taken as required, across our core hours (9.30 – 12.30 and 12.30 - 3.30) subject to availability.

Home telephone:

Email address:

Mobile:

- Working families of 2-, 3- and 4-year-olds may be eligible for 30 hours of funded childcare. Eligibility for this is determined by HMRC; please visit www.childcarechoices.gov.uk for full information. We offer families, with a valid eligibility code, up to 30 funded hours across our core hours (9.30 12.30 and 12.30 3.30).
- Please note, we only take children the term that they turn 3 years old.

Home telephone:

Email address:

Mobile:

- We also offer unfunded wrap around sessions which can be used to extend the day from 8.00am or 8.45am to 4.15pm or 6pm; if required.
- Paid sessions can be taken in any combination as available. Please see our Terms and Conditions for full details.

	Early M	lorning	Coro Morning	Core Afternoon Session	End of day	
	Breakfast Club* 8.00-9.30	Bright and Breezy* 8.45 - 9.30	Core Morning Session 9.30 - 12.30	12.30 -3.30	4.15pm pick up* 3.30 - 4.15	Penguins*/** 6pm pick up 3yr + only 3.30 - 6.00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

^{*} Please note - Only our core hours can be funded sessions.

Other than Breakfast club and Penguins, food is **not** included, please provide packed lunch and snacks as appropriate.

Additional daily costs for unfunded hours: If your core session is unfunded, core session fees will also apply.

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Charges	Start times	8.00am	8.45am	9.30am	12.30pm
(Sept 2025)					
Finish time					
12.30pm		£19.00	£12.25	£32.50 (unfunded core)	N/A
3.30pm		£19.00	£12.25	£59.50 (unfunded core)	£32.50 (unfunded core)
4.15pm		£25.75	£19.00	£12.25	£12.25
6.00pm		£39.00	£32.25	£25.50	£25.50

^{**}Please note – Penguins will not run on the last day of each term, (Autumn, Spring, and Summer)

I will be claiming 15 hours universal entitlement for my	r child	YES/NO			
Working families:		129,110			
I believe I will be eligible and would like to claim all or part of the 30-hours entitlement.		YES/NO			
Number of funded hours to be claimed at this setting.					
Please tell us about any medical conditions (included or disabilities your child may have:	ding long term medication), allergies, spo	ecial educational needs,			
Homo Longuago.					
Home Language:					
Language spoken by child:	Language spoken by child:				
Acceptance of Registration:					
Once processed your registration will be acknowledged	d by email.				
Offers of places will be made early in the term immedia	ately preceding your requested start date.				
All those with parental responsibility for this child mus there is a court order in place that states otherwise. A		n this application unless			
, , , ,	We/ I wish to register our/my child for a place at West Byfleet Nursery.				
I have read the Nursery's Terms and Conditions and ur	derstand and agree to ablde by them.				
Signed:	Signed:				
	0.6.100.1				
Full Name:	Full Name:				
Relationship to child:					
	Full Name:				
Relationship to child:	Full Name: Relationship to child:				
Relationship to child:	Full Name: Relationship to child:				
Relationship to child:	Full Name: Relationship to child:				
Relationship to child: Date:	Full Name: Relationship to child: Date: return this form to:				
Relationship to child: Date: Please	Full Name: Relationship to child: Date: Preturn this form to: Admissions,				
Relationship to child: Date: Please West Byfleet Nursery Ltd, Can	Full Name: Relationship to child: Date: Pereturn this form to: Admissions, Ad	6EF			
Relationship to child: Date: Please West Byfleet Nursery Ltd, Can We can be contacted	Full Name: Relationship to child: Date: Preturn this form to: Admissions, Adm				
Relationship to child: Date: Please West Byfleet Nursery Ltd, Can We can be contacted	Full Name: Relationship to child: Date: Pereturn this form to: Admissions, Ad				
Relationship to child: Date: Please West Byfleet Nursery Ltd, Can We can be contacted	Full Name: Relationship to child: Date: Preturn this form to: Admissions, Adm				
Relationship to child: Date: Please West Byfleet Nursery Ltd, Can We can be contacted and at westbyfleetnursery@h	Full Name: Relationship to child: Date: Preturn this form to: Admissions, Adm				