



Bearwood College Nursery Registration Form

Bearwood College Wokingham Berkshire RG41 5BG

Tel: 0118 9748300 Fax: 0118 9773186 Email: nursery@bearwoodcollege.co.uk Web: www.bearwoodcollege.co.uk

Please complete in CAPITALS and BLACK INK

Child's Name in full (as per birth certificate)	<input type="text"/>
	Boy <input type="text"/> Girl <input type="text"/>
Preferred name	<input type="text"/>
Date of Birth	<input type="text"/>
Nationality	<input type="text"/>
Place of Birth	<input type="text"/>
Religion	<input type="text"/>
Care options: (Tick one box only please)	0 - 2 years <input type="checkbox"/> 2 - 3 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/>
Term options please indicate:	LEA Term Time <input type="checkbox"/> All Year <input type="checkbox"/>
Days required	Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>
Start date:	
Please indicate sessions.	0-3 years: 9-4pm <input type="checkbox"/> 8-6pm <input type="checkbox"/> 3-5 years: 8-1pm <input type="checkbox"/> 1-6pm <input type="checkbox"/> 9-4pm <input type="checkbox"/> 8-6pm <input type="checkbox"/>
Siblings currently at Bearwood	<input type="text"/>
Do you have any other connection with the school?	<input type="text"/>

Name and Address of Mother
(Please give full title)

Surname

First
Name(s)

Home
Address

Postcode

Home
Tel No

Mobile

Email

Occupation

Work
Address

Work
Tel No

Name and Address of Father
(Please give full title)

Surname

First
Name(s)

Home
Address

Postcode

Home
Tel No

Mobile

Email

Occupation

Work
Address

Work
Tel No

Does your child have a disability? If so, what? Yes No

Does your child require Learning Support Yes No

If Yes, please give details

Please return this form to the **Nursery Administrator**, with your non-refundable registration fee of £100. Cheques should be made payable to Bearwood College Trustees. This registration form does not commit you to accept an offer of a place.

Early registration is recommended. Registrations will be considered in the order they are received and are subject to availability and the admission requirements of the College at the time when places are offered. A copy of the current edition of the standard terms and conditions will be supplied at the time of offer.

I/We request that the above-named child be registered as a prospective pupil at Bearwood College. I/We understand that the standard terms and conditions of the School may undergo reasonable changes as circumstances require and this will apply in all our dealings with the school.

Signature of Mother

Signature of Father

NAME Capitals

NAME Capitals

Date

Date

OFFICE USE ONLY

Start Date:

Room:

Sessions

Days Monday Tuesday Weds Thursday Friday

LEA Bearwood All Year

Data Protection Act 1998

The information requested in this form will be used by Bearwood College for the purposes of the registration and will be held electronically. By completing this form you consent to the school using your data in this way. This information will not be used for any other purpose or passed on to any person outside the school.