

St Michael's CE (A) First School Nursery



Name of Child

Parent/Guardians Name

Address

Post Code Date of Birth

	Morning Session	Paid Lunchtime Session	Afternoon Session
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Please indicate with a \checkmark for paid sessions and with an F for funded [NEF] sessions.

Start date:

Please circle how you would wish to make payment.

Cash

Cheque

Voucher

BACS

If paying by Childcare Voucher please provide the name of your issuer: _____

Contact telephone number _____

Email address _____

Signed _____

Relationship to child _____