

## **Babraham Nursery**

## 17/18 Th

he Close, Babraham, Cambridge CB22 3AQ Waiting List - Registration Form		
loyee Current family Onsite Campus Compai already attending nursery	ny	

Surname of child:						
irst Name:	Other Names: Sex:					
Date of Birth/Expected Date	of Birth:	Current Age:				
arents Name(s)						
lome Address:						
Telephone Number: Home:			Work:			
mail address:						
PLEASE TICK NURSERY SESSI			NA/ - do do	Th	F.M.	
0 – 3 Years Breakfast Club	Monday	Tuesday	Wednesday	Thursday	Friday	
Full Day						
Early Years Funded	Monday	Tuesday	Wednesday	Thursday	Friday	
Breakfast Club				•		
Full Day (incorporating funded afternoon)						
Funded Only Session (4 hours 28 minutes) 1.16-5.45 (12.47-5.15 Fridays)						
Totalling 4.47 hours per day						
Date from which place is re	equired:					
oute from which place is re	.quii ca	•••••••••••••••••••••••••••••••••••••••	••••			
iigned:			Date:			
A £50.00 non-refundable Reg	nistration Fee is	required with	this form (unless	Early Years Fund	ded). Chequ	
payable to 'The Babraham Ins	titute' or paymer	nt can be made	via BACS to; Llo	vds Bank, Payee:	Babraham I	
Babraham Nursery), Account	Number: 03323	3705, Sort Coc	le: 30-91-56. Pled	ase quote 'Nurse	ry' and your	
surname as the reference.						
FOR OFFICE USE:		<b>N</b>	(4 / a.u. a. u 4 la la C	المناه ما لاما		
Reg Fee rec'd date:	Deposit (one month's fees) paid:					