



SMARTYS DAY NURSERY
RESERVATION FORM

CHILD DETAILS

Name _____
(If unknown state 'baby' and surname)

Date of birth/_____

Expected Date Of Birth _____

Child's NHS Number: _____

Ethnicity: _____

PARENT / CARER'S DETAILS

Name(s) _____

Address _____

Telephone: _____ Mobile: _____

Email _____

Required start date _____

Day required	Full day	AM 8-1	PM 1-6	7.30/6.30
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Any other attendance patterns _____

Special needs / Dietary requirements (If known) _____

To ensure that my place is secured I enclose a deposit of £100.00, (payable to Westmill Community Association.)

The deposit payment is made up of a £50 admission fee and £50 deposit.

The £50 deposit is refundable if the attendance pattern is not decreased from the starting date

The £50.00 refundable deposit will be refunded with 4 weeks written notice given and once the final invoice has been settled.

If you wish to change your child's booking pattern we will require 8 weeks written notice prior to your child starting with us.

Parent's agreement & Signature: _____ Date: _____

Print Name: _____

Please return to: Manager, Smartys Day Nursery, Old Community Centre, Burford Way, Hitchin, Herts, SG5 2UZ