



REGISTRATION FORM

Child's Name _____

Date of Birth ____ / ____ / ____

Sex Male / Female

Address _____

Postcode _____

Home Tel _____ Mobile No. _____

Email _____

Mother's Name _____

Father's Name _____

Which Synagogue are you a member of? _____

Required Start Date? **Month** _____ **Year** _____

Please circle the sessions you are interested in sending your child to. Please note, all food served is Kosher Chalev Yisrael.

(B = Breakfast, AM = Morning Session, L = Lunch, PM = Afternoon Session)

Monday B | AM | L | PM

Tuesday B | AM | L | PM

Wednesday B | AM | L | PM

Thursday B | AM | L | PM

Friday AM (no B, L or PM)

I wish to register my child for Little Bicks Nursery.

Signed _____

Print Name _____ Date: ____ / ____ / ____

Please return form with a cheque for £25 for registration payable to Little Bicks Ltd. Please note, the deposit of £25 is non refundable. Please send all correspondence to 3 Masefield Avenue, Borehamwood, Herts WD6 2HH.