



Registration Form

Child's name	
Sex	
Date of birth	
Nationality/First language	
Parent 1 name	
Parent 2 name	
Address	
Mobile (parent 1)	
Mobile (parent 2)	
Email address	
Expected date of entry	
Expected date of leaving	
If known, please specify any medical conditions, allergies, learning difficulties or disability	
How did you hear about us?	

Signed by parent/guardian.....

Print name.....Date.....

Payment

Please transfer a £100 registration fee using the bank account details below and email the registration form to registrar@knightsbridgekindergarten.co.uk

Account Name: The Knightsbridge Kindergarten - Sort Code: 400401 - Account Number: 32654334