

Toddlers' University

ADVANCE BOOKING FORM

I wish to reserve a place for my child at Toddlers' University starting on: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____

Names of Brothers and/or Sisters already attending: _____

Sessions Required:

	Mornings – From/To (hh:mm)	Afternoons – From/To (hh:mm)
Mondays	_____ DO/PU*	_____ DO/PU*
Tuesdays	_____ DO/PU*	_____ DO/PU*
Wednesdays	_____ DO/PU*	_____ DO/PU*
Thursdays	_____ DO/PU*	_____ DO/PU*
Fridays	_____ DO/PU*	_____ DO/PU*

* If applicable please also indicate drop-off (DO) and pick-up (PU) requirements/times from local schools.

Name of School: _____

I enclose a deposit of a ½ months fees _____, which will secure my child's place and understand this will be deducted from payment for the final session. (Please make cheques payable to "Toddlers' University".) This deposit together with my initial fee must be paid at least 1 week before my child starts in order for funds to clear in the Nursery bank account prior to my child commencing attendance.

If my circumstances change and my child no longer requires a place, I understand that I must notify the nursery at least 1 month in advance of the above start date and my deposit will be refunded. If, however I do not give the agreed 1 month's notice then the deposit will not be refunded.

I first heard about Toddlers' University from: _____

Signed: _____ Date: _____
(Parent/Guardian or Person with Parental Responsibility)