

Oak Hill Community Nursery
29 Wallbuton Road, Brockley,
London. SE4 2NX
020 7639 6047
www.oakhill.org.uk
admin@oakhill.org.uk



Nursery Registration Form

Please complete this form in block capitals and be aware you must live within Lewisham Borough to register.

Childs Name: _____

Date of Birth: _____ Girl/Boy: _____

Full or Part Time: _____ If Part Time - 2 or 3 Days: _____

(The cost of P/T places is slightly more than weekly rate pro-rata these must be consecutive either at the beginning or end of the week.)

If you require a part time place please circle the days you require:

Monday Tuesday Wednesday Thursday Friday Any 2 days Any 3 days

Please note: we generally have one intake a year, in **September**, however on occasions a place may become available outside this month, if you would like to be considered for one of these places, please tick here.

Month and Year you wish your child to start Nursery: _____

Parents/Carers Name: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Mobile: _____

Email: _____

Signed: _____ Date: _____

Please tick this box if you would like us to acknowledge receipt of this form.

If you want a receipt we need either a stamped addressed envelope or an e-mail contact.

Please return this form to:

Official use only:

Oak Hill Community Nursery
29 Wallbuton Road, Brockley,
London. SE4 2NX
020 7639 6047
admin@oakhill.org.uk
www.oakhill.org.uk

Issued By: Trevor Parkes (Administrator) _____

Received By: _____

Date Received: _____

Acknowledged By: _____