



Registration Form

I wish to register my son/daughter for the:

☐ Spring Term (starting January)

☐ Summer Term (April)

☐ Winter Term (September)

(Tick as applicable)

Year 20

Surname:

Forename:

Gender: M ☐ F ☐ (Tick as applicable)

Date of birth: (dd/mm/yy) / /

School due to attend at 4+ years:

Name and address of parent:

Daytime Telephone number:

Mobile telephone number:

Email:

I enclose my cheque for £50 in respect of a non returnable registration fee.

Signed: _____ Date: _____

Registration fees and term fees may be paid directly into the Acorn Account.

Please return this form to:
The Acorn Nursery School

Rue du Tas de Geon,
Trinity, Jersey C.I. JE3 5AN

Tel: 01534 864125
enquiries@acornnurseryschool.com

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may be paid directly into the
Acorn Account. Please reference
with the child's name.

Bank details:

Oakling Ltd
Barclays Bank,
20 45 05
A/c 30722936