

REGISTRATION FORM

CHILD'S FULL NAME :

DATE OF BIRTH:

MALE/FEMALE

HOME ADDRESS:

POST CODE:

HOME TEL NO:

MOBILE NO:

PLEASE INDICATE BY THE SESSIONS YOU REQUIRE:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST CLUB (7.30AM - 8.00AM)					
MORNINGS (8.00AM - 12 NOON)					
LUNCH (12 NOON - 1PM)					
AFTERNOONS (1 PM - 6.00 PM)					
FULL DAY (8.00AM - 6.00PM)					

START DATE:

COLLECTION PASSWORD:

1ST CONTACT / COLLECTION PERSON:

EMPLOYER'S NAME:

CONTACT TEL. No.:

MOBILE TEL:

2ND CONTACT / COLLECTION PERSON:

EMPLOYER'S NAME:

CONTACT TEL. No.:

MOBILE TEL:

3RD CONTACT / COLLECTION PERSON (NAME , RELATIONSHIP & TEL NO):

4TH CONTACT / COLLECTION PERSON (NAME , RELATIONSHIP & TEL NO):

IS THERE ANYONE WHO SHOULD NOT BE ALLOWED TO COLLECT YOUR CHILD:

CHILD'S DOCTOR:

TEL. No.:

HEALTH VISITOR:

TEL. No.:

FAMILY SOCIAL WORKER:

TEL. NO:

PLEASE STATE DETAILS OF ANY ALLERGIES :

PLEASE STATE ANY DIETRY REQUIREMENTS:

PLEASE STATE IF YOUR CHILD IS ON ANY MEDICATION:

PLEASE STATE IF YOUR CHILD WAS BORN WITH ANY MEDICAL PROBLEMS:

WHO HAS LEGAL RESPONSIBILITY FOR YOUR CHILD:

WHICH PARENT / CARER DOES THE CHILD NORMALLY LIVE WITH:

CHILD'S ETHNIC ORIGIN:

FIRST LANGUAGE:

RELIGION:

CHILD'S NAME.....

IT IS IMPORTANT THAT YOU UPDATE THE NURSERY WITH ANY CHANGES TO THE FOLLOWING:

HAS YOUR CHILD HAD THE FOLLOWING VACCINATIONS:

MMR 3 IN 1:	MEASELS:	MUMPS:	RUBELLA:	HIB:	Polio:	Tetanus:	Diphtheria:	Men C:	W/Cough:	Pr'coccal:
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES:

CHICKEN POX:	MEASLES:	MUMPS:	RUBELLA / GERMAN MEASELS:	WHOOPING COUGH:	SCARLET FEVER:	CONVULSIONS / FITS:
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

PLEASE INDICATE HOW YOU CAME TO KNOW ABOUT OUR NURSERY:

AUTHORITY DETAILS

I, (FULL NAME OF PARENT/CARER).....

Agree to the following (delete where you do not agree).

1. The Nursery terms & conditions as set out on page 9.
2. That I am the person responsible for the payment of nursery fees.
3. For my child to go on outings within a one-mile radius of nursery.
4. For my child to be transported locally in a mini bus in accordance with the nursery's transport policy.
5. For my child to be photographed & videoed by the nursery and for such images to be retained by the nursery and, or, shared with a third party (for training purposes only).
6. For my child's photograph & art work to be displayed on the web site.
7. For my child to be photographed & videoed at nursery events by other parents.
8. For my child's image to be recorded on CCTV, strictly for safety & security reasons only.
9. For my child's hair to be checked.
10. For nappy cream to be applied.
11. For my child's teeth to be brushed & toothpaste applied, in accordance with the nursery policy.
12. For sun cream to be applied.
13. For plasters to be applied on minor injuries.
14. For my child to receive emergency medical treatment or advice whilst in the care of the nursery.
15. To enclose a £25 registration fee (non refundable).
16. To enclose the registration forms, pages 10 & 11, duly completed.

01/03/10

My Bank details are:

Name of Account Holder.....Sort Code.....

Name of Bank / Building Society.....Account No.....

Address of Bank / Building Society.....

Signed.....Date.....

09/09