

REGISTRATION FORM

CHILD'S NAME

DATE OF BIRTH:

MALE/FEMALE

HOME ADDRESS:

POST CODE:

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)					
SHORT DAY (OVER 2 YRS OLD ONLY) (9.00AM - 4.00PM)					

PLEASE INDICATE THE DATE YOU WISH YOUR CHILD TO COMMENCE:

PARENT / CARER'S NAME:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

CONTACT TEL. No.:

MOBILE TEL:

SECOND CONTACT NAME:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

CONTACT TEL. No.:

MOBILE TEL:

WHO WILL NORMALLY COLLECT YOUR CHILD?:

CHILD'S DOCTOR:

TEL. No.:

HEALTH VISITOR:

TEL. No.:

PLEASE STATE DETAILS OF ANY ALLERGIES :

PLEASE STATE ANY DIETRY REQUIREMENTS:

PLEASE STATE IF YOUR CHILD IS ON ANY MEDICATION - GIVE FULL DETAILS:

PLEASE STATE : A) ETHNIC ORIGIN:

B) RELIGION:

C).FIRST LANGUAGE:

PLEASE INDICATE HOW YOU CAME TO KNOW ABOUT OUR NURSERY:

09/06

REGISTRATION FORM CONT'D

CHILD'S NAME.....

IMMUNISATION RECORDS

PLEASE COMPLETE THE DATE YOUR CHILD RECEIVED THE FOLLOWING IMMUNISATIONS:

IT IS IMPORTANT THAT YOU CONTINUE TO UPDATE THE NURSERY WHEN ANY FURTHER IMMUNISATIONS HAVE BEEN GIVEN.

<u>AGE DUE</u>	<u>IMMUNISATION</u>	<u>DATE GIVEN</u>
2 Months	Diphtheria / Tetnus/ Whooping Cough, Polio, HIB / Meningitis 'C	
3 Months	Diphtheria / Tetnus/ Whooping Cough, Polio, HIB / Meningitis 'C	
4 Months	Diphtheria / Tetnus/ Whooping Cough, Polio, HIB / Meningitis 'C	
12 - 18 Months	Measels, Mumps, Rubella (MMR)	
6 mnths - 4 yrs	HIB booster	
3 - 5 yrs	Diphtheria / Tetnus/ Whooping Cough, Polio, MMR	

AUTHORITY DETAILS

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

1. Agree to the nursery terms & conditions as set out on page 9.
2. I am the person responsible for the payment of nursery fees.
3. I give permission for my child to go on outings within a one-mile radius of nursery.
4. I give permission for my child to be photographed, and such images to remain the property of the nursery's.
5. I give permission for my child's photograph & art work to be displayed on our web site (password protected)
6. I give permission for my child's image to be recorded on CCTV, strictly for safety & security reasons only.
7. Allow my child to receive emergency medical treatment whilst in the care of the nursery.
8. Enclose a £25 registration fee (non refundable).
9. Enclose the registration forms, pages 10 & 11, duly completed.

My Bank details are:

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

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

Address of Bank / Building Society.....

.....Sig
ned.....Date.....