

Password:.....

Registration Form (Confidential)

Full name of childD.O.B.....

Male/Female Name usually known by.....

Home Address

.....Post Code

Home Telephone Number

Mothers NameMobile.....

Email address.....Work No.....

Fathers Name Mobile

Email address.....Work No.....

Emergency Contact: (Different from above – should we not be able to contact either parent – this is a legal requirement)

Name Relationship

Address

Telephone NumberMobile.....

Start Date

Attendance Required:

	8am – 1pm	1pm – 6pm	Full Day(7.30-6pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please indicate the names of persons who will be collecting your child from nursery.

.....

***Please attach a photograph of all named persons above. Please be aware that your Child will not be allowed to leave the nursery with any other person unless prior notice is given.**

The following information is a legal requirement and we would ask that you fill it in fully.

Doctors Name: Telephone :.....

Address.....

Health visitor

Does your child suffer from any physical or mental disabilities (please include allergies etc.)?

.....

Please give details of any immunisations your child has received.

.....

Is there any food or drinks, which should not be given to your child on religious or medical grounds?

.....

Is there anything else we should know about your child?

.....

I understand that my child may be taken locally on short walks e.g. to the local park/ library and that I will be informed beforehand if the trip is to be further a field.

SignatureDate

I hereby consent to Cranston Country Nursery staff administering basic first aid, treatment of minor cuts, bumps or bruises. I will be informed of any accident and asked to sign an accident form. In the case of a more serious accident/illness my child will be taken immediately to a doctor or the nearest hospital and I will be informed as soon as possible. I also consent, if necessary that in the best interest of the child, for a medical decision to be made in my absence by medical staff.

SignatureDate

Occasionally within the establishment we will photograph or video your child for displays, record keeping, newsletters or possibly publicity. Are you happy for your child to participate ***Yes/No**

I understand and acknowledge that the fees due for nursery place isper calendar month and is paid one month in advance, directly into the bank and is non- refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the nursery. I understand that failure to pay said fees may result in loss of childcare provision.

Signature Date

All about me

My name is I am known as.....

My date of birth

I will be picked up from nursery by * Mummy/Daddy/Grandmother Grandfather/other

*please circle)

Mummy's name is Daddy's name is

Grandmother's name is

Grandfather's name is.....

My other important person is.....

He/she is my (relationship to child)

My Daily Routine (when I sleep/eat)

I have sisters and brothers and their names and ages are:

.....

I have 3 pets and their names are:

My favorite toys are

I like