

Registration Form

Office use only

Deposit of £ . Paid [] Bank Card Cash

Reg fee of £ . Paid [] Bank Card Cash

Room:

Preferred sessions:

Meet & Greet:

Settling in date & times:

Start date:

Child Details

First name:

Middle names:

Surname:

Known as:

Date of birth:

Child's gender:

Age in months at registration:

Ethnic Origin:

Religion if any:

Languages spoken:

Who does child live with (all family members in household):

Photo ID
ie passport photo

Parent / Carer 1:

Tick if you have parental responsibility:

Relationship to child:

Title:

Full name:

Date of birth:

Marital status:

Home address:

National Insurance Number:

Work address:

Mobile number:

Home number:

Postcode:

Email address:

Photo ID
ie passport photo

Parent / Carer 2:

Tick if you have parental responsibility:

Relationship to child:

Title:

Full name:

Date of birth:

Marital status:

Home address:

National Insurance Number:

Work address:

Mobile number:

Home number:

Postcode:

Email address:

Photo ID
ie passport photo

Emergency contact 1 The person to contact if we cannot reach the first 2 contacts

Photo ID
ie passport photo

Title: Full name:

Home address:

Mobile number:

Home number:

Other number:

Postcode:

Their relationship to child/parents:

Tick to confirm that this person is over the age of 16 years old.
Proof of ID will need to be submitted.

Emergency contact 2 The person to contact if we cannot reach the first 3 contacts

Photo ID
ie passport photo

Title: Full name:

Home address:

Mobile number:

Home number:

Other number:

Postcode:

Their relationship to child/parents:

Tick to confirm that this person is over the age of 16 years old.
Proof of ID will need to be submitted.

IMPORTANT

Collection: If none of the adults submitted on this registration for can collect your child, you must call the nursery. At this point you will be asked to provide full details of the person collecting and we will provide you with a one-time password. This person must provide Photographic ID when attending. Anyone collecting must be 16 years +

Children's Centre

Are you registered with a Children's Centre? If yes, which one?

If No, would you like to register with one though us? (quick and easy)

Child's Doctors

Doctor's name, address
and telephone number:

Other professionals Is there any other professional involved with your child?

Please tick the relevant options below. Please provide name and number where possible.

Speech / Language Therapist

Social Worker

Educational Psychologist

Paediatrician

Health Visitor

Other, please specify:

Health & Well-being:

Has your child had any of the following? If yes, please state when, if complications occurred, or any other comments:

Chicken Pox

Measles

Rubella

Tetanus

Other, please specify:

IMPORTANT Please give details of any allergies your child suffers from

Allergy / Dietary need	Side effects (if any)	Care plan needed	is it a...
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Medical condition	Side effects (if any)	Care plan needed	Medication
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Please note your child's start date may be delayed if they have an allergy or medical condition which requires staff training, a care plan or any other additional support.

Please give any other information relating to your child the nursery should be aware of, including birth marks, scars etc.

Preferred sessions: Dependent on availability. (Please tick sessions required)

	Full day 7.30 – 6.30	Morning 7.30 – 12.30	Afternoon 1.30 – 6.30	Funding only AM	PM
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Date I wish my child to start at the nursery:

