

Registration Form

Please e-mail your registration form to us at

Full Name of Child:				
Preferred Name:				
Date of Birth:			Office use only - Birth Certificate	
Gender:				
Preferred start date:				
Full Home Address:				
Postcode:				
Home Telephone Number:				
Ethnic origin:				
Nationality:				
Religion:				
Hair Colour:		Eye colour:		
Languages spoken at home:				
Parent/Carer Information:	I			
1. Name of Parent/Carer:				
Relationship to Child:		Parental Responsibility: YES / NO Legal Contact: YES / NO		
		Collect child from nursery: YES / NO Contact in emergency: YES / NO		
Home Address:		 acc iii ciiici gc		
Postcode:				

Contact Number:	
NI Number:	
Email:	
Work Address: Postcode:	
Work Number:	
2. Name of Parent/Carer:	
Relationship to Child:	Parental Responsibility: YES / NO
	Legal Contact: YES / NO
	Collect child from nursery: YES / NO
	Contact in emergency: YES / NO
Home Address:	
Postcode:	
Contact Number:	
NI Number:	
Email:	
Work Address:	
Postcode:	
Work Number:	
Email Address for	
Invoicing:	
Other/Emergency contacts:	
Contact one	
Full Name:	
Relationship to the child:	
Password	
Address	

Postcode								
Tel numbe	er				Mobile			
Responsib	ilities	ties		hild] In amar	go pov	
(Tick all that apply)			Collect c	illiu		In emer	gency	
Contact tw	vo							
Full Name	:							
Relationsh	ip to the ch	nild:						
Password								
Address								
Postcode								
Postcode					Г			
Tel numbe	er				Mobile			
Responsib	Responsibilities Collect child from nursery Contact in					in		
(Tick all that apply)				emergency				
Attendance								
Preferred		T	14/2-4	1	Thurs	F:	A+	
Part-	Mon	Tues	Wed		Thurs	Fri	Age at Years ar	entry: id Months
time								
Full -								
Time								
Are you applying for an Early Years funded Yes / No								
place? (15/30 hours per week)								
If Yes, which funded place;				2 Year old 15 hours				
				☐ 3+4-Year-old 15 hours ☐ 3+4 Year old 30 hours				
374 fedi olu 30 flouis								
Additional Child Details:								
Details of any special educational								Report
needs or disabilities.							Completed?	

Do you celebrate any	
festivals/occasions at home?	
Please specify	
Has your child attended any childcare	
settings previously?	
Please specify	
Health and Medical:	
Doctors Name:	
Doctors Name.	
Surgery address:	
Jurgery address.	
Surgery telephone number:	
Surgery telephone number.	
Child's NHS number:	-
Cilia's Nas Humber.	
In view shild on manulan mandination 2	Medication
Is your child on regular medication?	
If yes, please specify	permission
	form
Are your child's immunisations full and up	Immunisation
to date?	disclaimer
	form
Does your child suffer from any	
allergies, phobias, or any other	
conditions we should be aware of?	
December skild besser and 1994	
Does your child have any dietary	
requirements, including food allergies	
or preferences?	
Description of the boundary and distance in a section	
Does your child have any additional needs	with their: (Please tick/nighlight)
☐ Hearing	
☐ Speech	
Vision	
Behaviour	
Physical	

☐ Other – P	Please state -						
Has your child ha	nd, or is currently h	aving support from	n the following pro	ofessionals?			
☐ Health vi	•	0 - 1 1	01				
☐ Speech th							
☐ Physiothe	•						
•	•						
	□ Paediatrician□ Social Worker						
Other – P							
u Other – P	rlease state -						
Professionals Nam	ne & Contact Detai	ls:					
Health visitor:							
Other profession	als:						
As we hold person	al information abo	ut staff and familie	es, we are registere	d under data protection			
law with the Infor	mation Commissior	ner's Office.					
To confirm the re	egistration of you	r child's place, a	registration fee o	f £45.00 is required			
with this form to	cover administra	ation costs (this fe	ee does not apply t	o funded only places,			
however a deposi	t of £300 will be ch	narged to secure th	ie place. Deposits a	are fundable.			
Office Use only:							
	1	T	1	T			
Registration Fee	£	Paid	Date				
Deposit	£	Paid	Date				
Monthly Payment							
_	Order / Bank Transf	fer					
	Childcare Account						
Childcare	Vouchers						
How did you hea	r about us?						