Nursery Registration Form

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS IN BLOCK CAPITALS





FIRST NAME(S)			SURNAME		
GENDER			DATE OF BIRTH		(If unborn, expected DOB)
How did you hear	about us?				
		•••••	•••••	•••••	•••••••
OFFICE USE ONLY					
REGISTRATION FO	RM RECEIVED: _				
APPROVED BY:		ROOM:	PLAC	CE OFFERED ON:	
FURTHER CONTAC	T:				
(IF NO RESPONSE	FROM PARENT)				
			•••••	•••••	•••••••
HOT LUNCH REQU	IRED:	YES		NO	
PARTNERSHIP FUNIFORM REQUIRED:	DING	YES		NO	
FINANCE USE ONL	<u>Y</u>				
CHILD REFERENCE	No				
START DATE					
COST TO:					
COST FROM:					
ADDED TO XERO		ADDED TO MI		ADDED TO FAML	Υ

Part 2: ATTENDANCE PATTERN (Minimum 4 sessions)

Early start option at an additional cost (07.30-08.00) (√)	MORNINGS (08.00-13.00)	DAYS REQUIRED (✓)	AFTERNOONS (13.00-18.00)	DAYS REQUIRED (√)
	MONDAY A.M.		MONDAY P.M.	
	TUESDAY A.M.		TUESDAY P.M.	
	WEDNESDAY A.M.		WEDNESDAY P.M.	
	THURSDAY A.M.		THURSDAY P.M.	
	FRIDAY A.M.		FRIDAY P.M.	

PREFERRED START DATE:			•••••
IS A HOT LUNCH REQUIRED: (Please circle one of the options)	YES	NO	

(A hot lunch for babies can be pureed dependent on weaning needs and served at 11.30am)

Part 3: DETAILS

ALLERGIES (PLEASE BE AS SPECIFIC AS POSSIBLE)	
SPECIAL MEDICAL CONDITION OR DIETARY NEEDS	
NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR	
ANY MEDICAL CONDITIONS PROHIBITED FOR FAMILY CULTURAL OR RELIGIOUS REASONS	
LANGUAGE(S) SPOKEN AT HOME	
SIGNIFICANT/BIG EVENTS (death of parent, adoption, looked after)	
PREVIOUS NURSERY HISTORY	

Part 4: DETAILS OF PARENT(S) OR GUARDIAN(S)

DETAILS	FIRST Parent/Gua	ırdian	SECOND Parent/Guardian
RELATIONSHIP TO CHILD (birth parent, foster, adoptive or other)			
TITLE			
SURNAME			
FIRST NAME			
HOME ADDRESS			
Email Address			
HOME TELEPHONE NUMBER			
MOBILE TELEPHONE NUMBER			
NAME AND ADDRESS OF EMPLOYER (will only be contacted in a emergency)			
WORK TELEPHONE NUMBER			
IS PARENT A STUDENT AT COLLEGE OR UNIVERSITY? (Give details of college and any pending funding)			
Part 5: EMERGENCY CONTACTS (other than the above, who can	collect child from	nursery in an em	nergency)
NAME:	••••••	NAME:	
ADDRESS:			
HOME TEL:			
MOBILE:		MOBILE:	
RELATIONSHIP TO CHILD:		RELATIONSHIP T	O CHILD:

1. Please circle what is your ethnic origin
White
White Scottish White English White Welsh White Irish other White background
(please specify) Mixed
any mixed background
Asian, Asian Scottish or Asian British
ndian Pakistani Bangladeshi Chinese any other Asian background (please specify)
Black, Black Scottish or Black British
Caribbean African any other Black Background (please specify)
Other ethnic background
any other background (please specify)
2. Do you speak any other languages other than English?
2. Do you speak any other languages other than English? Yes No
Yes No
Yes No
Yes No
Yes No 3. If yes, which language(s) do you speak?
No 3. If yes, which language(s) do you speak? hereby confirm that the information I have provided is correct. SIGNED: SIGNED: SIGNED:
No 3. If yes, which language(s) do you speak? hereby confirm that the information I have provided is correct. SIGNED: SIGNED: (PARENT/GUARDIAN 1)
No 3. If yes, which language(s) do you speak? hereby confirm that the information I have provided is correct. SIGNED: SIGNED: SIGNED: (PARENT/GUARDIAN 1) (PARENT/GUARDIAN 2) PRINT NAME: PRINT NAME: PRINT NAME:
No 3. If yes, which language(s) do you speak? hereby confirm that the information I have provided is correct. SIGNED: SIGNED: SIGNED: (PARENT/GUARDIAN 1) (PARENT/GUARDIAN 2) PRINT NAME: PRINT NAME: PRINT NAME: