



Child Registration & Information Form

Child Details

First Name
 Surname
 Other Names
 Sex Male Female Unborn

Religion
 Date of Birth*

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 Start Date**

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* Please enter expected DOB if child is unborn.
 ** Please enter requested or expected start date.

Preferred Sessions (Please tick)

	Mon	Tue	Wed	Thu	Fri
All Day Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents/Guardians (Please delete as appropriate)

Carer 1 Details

First Name
 Surname
 Relationship to Child

Home Address (child's home address)

No & Road
 Area
 City
 County
 Post Code
 Phone No
 Mobile 1
 Mobile 2
 E-Mail

Day time (work) contact details

No & Road
 Area
 City
 County
 Post Code
 Phone No
 Mobile 1
 Mobile 2
 E-Mail

Carer 2 Details

First Name
 Surname
 Relationship to Child

Home Address (if different)

No & Road
 Area
 City
 County
 Post Code
 Phone No
 Mobile 1
 Mobile 2
 E-Mail

Day time (work) contact details if different

No & Road
 Area
 City
 County
 Post Code
 Phone No
 Mobile 1
 Mobile 2
 E-Mail

Are there any other Adults who may collect your child from the nursery?

If so please complete the details below and attach signed photograph(s) for each adult.

First Name

Surname

Relationship to Child

Address

No & Road

Area

City

County

Post Code

Phone No

Mobile 1

Mobile 2

E-mail

First Name

Surname

Relationship to Child

Address

No & Road

Area

City

County

Post Code

Phone No

Mobile 1

Mobile 2

E-mail

Medical Information

Doctors Details

Name

No & Road

Area

City

County

Post Code

Phone No

Health Visitors Details

Name

No & Road

Area

City

County

Post Code

Phone No

Immunisations

Has your child had any of the following immunisations?

Signature

Date Given

	Signature	Date Given
1st Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		<input type="text"/> / <input type="text"/> / <input type="text"/>
2nd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		<input type="text"/> / <input type="text"/> / <input type="text"/>
3rd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		<input type="text"/> / <input type="text"/> / <input type="text"/>
1st Measles, Mumps, Rubella (MMR)		<input type="text"/> / <input type="text"/> / <input type="text"/>
2nd Measles, Mumps, Rubella (MMR)		<input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="text"/> / <input type="text"/> / <input type="text"/>

Does your child have a medical condition (Allergies, Medication, On going Illness etc.)?

If yes please provide details of their medical condition.

In the unlikely event that a medical emergency occurs it may become necessary for us to obtain emergency medical advice for your child. In serious cases it may be that we would need to obtain emergency treatment. I/We do give my/our consent for to make arrangements for emergency medical advice or treatment should the occasion arise for the child overleaf.

This is mandatory. A signature must be present to accept your registration.

Parent/Carer 1
(Parent/Carers Signature)

Parent/Carer 2
(Parent/Carers Signature)

Family Characteristics

Please tick one of the following to describe one of the child's parents

- One parent works over 35 hrs
- One parent works over 16 hrs
- One parent in Higher Education
- One parent on New Deal
- Neither parent working or training

Ethnic group of child (choose one).

White

- British
- Irish
- Traveller
- Gypsy/Roma
- Other

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other Mixed

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other

Black or Black British

- Caribbean
- African
- Other

Chinese

- Chinese

Other Ethnic Group

Please specify

Nationality of child

Disability or additional needs of child (Please Tick)

- Physical
- Sensory
- Learning
- Behaviour
- Speech, Language
- Chronic illness
- Other (Please Specify)

Main language at home

Issued By

(Office use only)

Reg fee &
cheque No.

Reg No. &
Childcode

£0.00

Any other information about your child you think we should know?

How did you hear about us?

Internet Event Word of Mouth Driving Past Publication

Other

- I do not wish to receive invoices by email
- I wish for my details to be passed onto third parties, affiliated sites or businesses
- I do not wish to receive news and information by email

Please check all questions are answered to avoid registration delays

By signing this I/We agree to accept all the nursery terms and conditions. All terms and conditions published. E&OE

Parent/Carer Name

Parent/Carer Signature

Date Signed

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Parent/Carer Name

Parent/Carer Signature

Date Signed

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