



## REGISTRATION FORM

<b>Child's Name</b>	<b>Date of Birth</b> <span style="float: right;"><i>boy/girl</i></span>		
<b>Home Address (Including full postcode)</b>	<b>Doctor's Name and Address</b>		
<b>Home Tel No:</b>	<b>Tel. No:</b>		
<b>Mother's Name:</b> <b>Occupation:</b>  <b>Workplace:</b>	<b>Father's Name:</b> <b>Occupation:</b>  <b>Workplace:</b>		
<b>Tel / Mobile.</b> <b>email:</b>	<b>Tel/ Mobile.</b> <b>email:</b>		
<i>Please give details of another person (friend/relative) who has agreed to be a contact in case of emergency</i>			
<b>Name</b>	<b>Tel. No(s)</b>		
<b>Please give details of immunisations to date</b>	<b>Any additional information</b> e.g. allergies, special diets, medical conditions etc		
<b><u>Preferred Attendance</u></b> <i>(please circle as appropriate)</i>			
<b>Monday</b>	morning	<i>afternoon</i>	<b>all-day</b>
<b>Tuesday</b>	morning	<i>afternoon</i>	<b>all day</b>
<b>Wednesday</b>	morning	<i>afternoon</i>	<b>all day</b>
<b>Thursday</b>	morning	<i>afternoon</i>	<b>all day</b>
<b>Friday</b>	morning	<i>afternoon</i>	<b>all day</b>
<b>Preferred Start Date:</b>			
<b>Do you require an 8:00am start:</b> Yes / No (Please circle)			
<b>I have read and agree to be bound by the terms and conditions of the nursery.</b>			
Signed _____ Date _____			
Please say where you heard about the nursery – <i>thank you</i>			