



REGISTRATION FORM

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