

Registration Form

Personal Details

Name of child				
Date of birth				
Home address				
Postcode				
Position in family				
Religion				
Ethnic origin				
Nationality				
Language(s) spoken at home				
Details of any special educational needs/disabilities				
Looked after child	Yes	No		
Previous nursery/preschool attended				
How did you hear about us				
Preferred start date				

About your family

Mother/carer	
Title	
First name	
Surname	
Password	
Address	
Postcode	
Home Telephone number	
Mobile	
Email	
Work address	



Postcode	
Work Telephone Number	
Responsibilities (Tick all that apply)	Parental responsibility Collect child rom nursery Contact in emergency

Father/carer	
Title	
First name	
Surname	
Password	
Address	
Postcode	
Home Telephone Number	
Mobile	
Email	
Work Telephone Number	
Responsibilities (Tick all that apply)	Parental responsibility Collect child rom nursery

Other contacts

Contact one	
Title	
First name	
Surname	
Relationship to the child	
Password	
Address	
Postcode	



Tel number	Mobile
Contact two	
Title	
First name	
Surname	
Relationship to the child	
Password	
Address	
Postcode	
Tel number	Mobile

Medical details

Does your child have any allergies?	Yes / No (please circle)				
If yes, please give details of the cause and reaction					
	r				
Does your child have any special dietary requirements?	Yes / No (please circle)				
If yes, please give details					
	Immunisation	Date of immunisation			
	BCG				
	Diphtheria				
Has your child had any of the	НІВ				
following immunisations? Please tick and date	MMR				
	Meningitis C				
	Poliomyelitis				
	Tetanus				
	Whooping cough				
Any other immunisations					



Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Any other details that we should know about?		

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day (8:45 – 3:15)					
Morning only (8:45 – 12:00)					
Afternoon only (12:15 – 3:15)					
Extended morning (8:45 – 1:00)					