



For Nursery use only:

Term time/ Full year:

Reg Dates:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					
Mornings only					
Afternoons only					

Start Date:	Weekly Fees:	Funding hours:
Deposit:	Registration:	Uniform

Child's information (please fill in)

First name:	Surname:
Gender:      M              F	Date of Birth:
Any preferred names:	First Language:

Name of Parent(s) with whom the child live. Does this parent have parental responsibility? YES/NO

<b>Parent 1: First Name</b>	<b>Surname:</b>	
Address:		
Home Tel No (landline):	Work No:	Mobile No:
Email Address:	NI No:	

Name of Parent(s) with whom the child live. Does this parent have parental responsibility? YES/NO

<b>Parent 2: First Name</b>	<b>Surname:</b>	
Address:		
Home Tel No (landline):	Work No:	Mobile No:
Email Address:	NI No:	



**Equalities Monitoring - Ethnicity (Please Tick one)**

<b>White British</b>	<b>Mixed white and black Caribbean</b>	<b>Black or Black British</b>	<b>Asia or Asian British</b>
White British	White and Black African	African	Indian
Irish	White and Asian	Caribbean	Pakistan
Any other white background	Any other mixed background	Any other background	Any other Asian background

**Doctor's Information**

Doctor's name:	Telephone No:
Health visitors name:	Telephone No:

**Injections (Please tick and date those received)**

Diphtheria	Whooping cough	Tetanus
Polio	MMR	HIB covid 19
Others (please state)		

**Has your child had any of the following illnesses? (tick to indicate)**

Whooping cough	Mumps	Measles	Chicken pox
Glandular Fever	Scarlet Fever	Swine Flu	coronavirus
Others (please state)			

**Does your child suffer from any allergies? (tick to indicate)**

Dairy products	Wheat	Elastoplast	Eggs	Fish
Strawberries	Nuts	Pineapple	Penicillin	Stings
Sugar	Tomatoes			
Others (please state)				

If your child is on medication, please give details:



Does your child have any dietary requirements i.e. vegetarian, halal meat only, etc.. YES/NO

Does your child have any special needs or disabilities? YES/NO

Sleep Routine

Toileting

What other information is important for me to know about your child? For example, what they like or what they fear?, special words they use, do they have a comforter? etc.



Who may collect your child or be contacted in an emergency (Must be over 16 years age)

Name 1:	Relationship to the child:
Telephone No:	Mobile No:
Name 2:	Relationship to the child:
Telephone No:	Mobile No:

I agree with the General Data Protection Policy

*I consent to any emergency medical treatment necessary whilst my child is at nursery. I authorise the nursery staff to sign any form of written consent required by the hospital authorities if the delay in obtaining my signature is considered by the doctor to endanger my health and safety. I give consent for the setting to keep written and photographic record of observation my child and use these as they deem necessary.*

***I have read, understood and agree to abide by the Nursery Terms and Conditions.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_