

Registration Form

Child's details:

Child's first name Sex M/F

Child's surname D.O.B

Child's first language.....Second.....

Bilingual/.....

Address Phone.....

.....

..... Postcode.....

Parent's details:

Mother	Father
Address
.....
Postcode
Email
Phone Work
Home
Mobile

Who has parental responsibility?

Who has legal contact with the child?

In the event of an Emergency if neither of the above can be contacted, please call:

Name:

Relationship:

Contact No:

Please indicate below, the times when childcare is required;

Day/session	Monday	Tuesday	Wednesday	Thursday	Friday
Full day 7am-5pm					
Full day 8am-6pm					
Morning 8am-1pm					
Afternoon 1-6pm					

Preferred start date

Additional information:

GP Name
GP Address
GP contact number

Please advise of any allergies, illnesses or GP prescribed medication -

.....
.....
.....
.....

Please detail any inoculations and allergies that your child has had:

Inoculations (please tick)

Polio
Diphtheria
Mumps/Measles
Rubella
HIB Meningitis
Tetanus
Whooping Cough
Other:_____

Allergies (please tick)

Wasp/bee sting
Aspirin
Penicillin
Plasters
Other:_____

Please detail any special dietary requirements -

.....
.....
.....
.....

Does your child have any additional needs?

.....
.....
.....

What does your child like

.....
.....
.....

What does your child dislike

.....
.....
.....

Please provide details of all persons who you authorise to pick up your child from nursery;

<u>Name</u>	<u>Contact number</u>
.....
.....
.....

Photographs of all persons named above must be provided to ensure that our security procedures are followed.

Ethnic Origin:

Please tick the box which applies to you. This information is for equal opportunities monitoring.

White	Black Caribbean	Black African	Black (other)
Indian	Pakistani	Bangladeshi	Chinese

Other _____

Additional consents:

From time to time, the Nursery would like to take photographs of the staff, children and activities within the Nursery for which we seek your permission.

I agree/disagree to have my child photographed*

Consent is requested for local environment visits, for example, daily trips to the park, trips to the library, fire station etc.

I agree/disagree*

Consent is requested in the event that the emergency services are required to be called to attend to your child or emergency treatment is needed.

I agree/disagree*

*delete as appropriate

Parent's declaration:

By signing and submitting this registration form, I am confirming that I have read and agree to Elan Nursery's Terms and Conditions, and I agree to pay all relevant fees as they fall due.

Parent's signature Date

For office use only

Registration fee paid: £ _____ Date: _____ Payment method: _____

Deposit paid: £ _____ Date: _____ Payment method: _____

Agreed start date: _____

Confirmation letter sent: yes/no Date letter sent: _____

Staff signature: _____ Date: _____

Please print staff name: _____