

REGISTRATION FORM

Child's Surname	First Name	Date of Birth Male/Female			
Nationality	Disability Y/N	Religion	Child's First Language		
Home Address					
Home telephone Number		Mobile Number			
Mother's Name		Father's Name			
Email address:-					
Contact Address of Parents					
Name of person (s) holding parental responsibility					
Address					
Telephone Number		Mobile Number			
Date wishing to Start					
Full Time/Part Time/C.A.P. (please specify what days or Sessions you require)					
Special Dietary requirements/allergies					
Has your child been vaccinated against the following? (please tick where applicable)					
DIPHTHERIA	<input type="checkbox"/>	TETANUS	<input type="checkbox"/>	HIB	<input type="checkbox"/>
MMR	<input type="checkbox"/>	POLIO	<input type="checkbox"/>	WHOOPING COUGH	<input type="checkbox"/>

Please include a copy of your child's **Birth Certificate**

I hereby authorise my child to participate in the nursery's activities which include visits, library, walks and various outings organised by the Nursery. I do give my consent for my child's photographs/video recordings to be used for nursery purpose and my copy for home use only.

I have read the nursery prospectus and do abide with its terms and conditions.

Parent/Carers name	Signature	Date
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Parent/Carer s name	Signature	Date
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For office use only

Registration Fee Paid (£)	Deposit Paid(£)	Date
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Signed Management	Signed Management	Date
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Any other relevant information