

REGISTRATION FORM

Nursery Tel: 07879 816192
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THE NURSERY SCHOOL
ALL SAINTS CHURH HALL
CHAPEL GREEN
CROWBOROUGH
EAST SUSSEX
TN6 1ED

SURNAME:.....

FIRST NAME:.....

DATE OF BIRTH:.....

ADDRESS:.....

.....

.....

POSTCODE:.....

HOME TEL No:.....

WORK TEL No:.....

MOBILE TEL No:.....

EMAIL ADDRESS:.....

EMERGENCY CONTACT:

NAME.....

ADDRESS:.....

.....

.....

POSTCODE:.....

TEL NO:.....

DOCTOR'S DETAILS:

DOCTOR'S NAME:.....

SURGERY ADDRESS:.....

TEL NO:.....

DETAILS OF CHILD'S IMMUNISATIONS:

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

ANY SPECIAL DIETARY REQUIREMENTS:

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.....
.....

ANY ALLERGIES? YES/NO

IF YES, PLEASE GIVE FULL DETAILS:

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.....
.....

RELIGION:.....

NATIONALITY:.....

FIRST LANGUAGE:.....

POSITION IN FAMILY:.....

DAYS ATTENDING:.....

IN THE EVENT OF AN EMERGENCY I AGREE WITH APPROPRIATE MEDICAL ASSISTANCE BEING SOUGHT.

I AGREE WITH THE POLICIES OF THE NURSERY.

SIGNED DATE.....

RELATIONSHIP TO CHILD:.....