



The Nursery School Chapel Green Registration Form

Personal Details

Name of Child:

Date of Birth:

Home Address:

.....

Postcode:

Position in Family:

(I.e. Eldest/Middle etc.)

Religion:

Ethnic Origin:

Nationality:

Language(s) spoken at home:

How did you hear about The Nursery School?:

Preferred start date:

Details of any disabilities/special needs:

.....

.....

.....

Parent/Carer details

MOTHER/CARER DETAILS

Title:

First name:

Surname:

Password:

Home Address:

.....

Postcode:

Home Telephone number.:

Mobile Telephone number:

Work Telephone number:

Personal E-mail Address:

Responsibilities:
(Please tick all that apply)

Parental responsibility

Collect child from nursery

Payment of fees

Contact in emergency

FATHER/CARER DETAILS

Title:

First name:

Surname:

Password:

Home Address:

.....

Postcode:

Home Telephone number.:

Mobile Telephone number:

Work Telephone number:

Personal E-mail Address:

Responsibilities:
(Please tick all that apply)

Parental responsibility

Collect child from nursery

Payment of fees

Contact in emergency

OTHER CONTACT

Title:

First name:

Surname:

Relationship to the child:

Address:

.....

Postcode:

Telephone number:

Mobile number:

Responsibilities:
(Please tick all that apply)

Collect child from nursery

Contact in emergency

CONTACT TWO

Title:

First name:

Surname:

Relationship to the child:

Address:

.....

Postcode:

Telephone number:

Mobile number.....

Responsibilities:
(Please tick all that apply)

Collect child from nursery

Contact in emergency

Medical Details

ALLERGIES

Does your child have any allergies? YES/NO
(Please circle)

If yes, please give details of the cause and reaction:

.....

.....

.....

DIETARY REQUIREMENTS

Does your child have any special dietary requirements? YES/NO
(Please circle)

If yes, please give details:

.....

.....

.....

.....

.....

IMMUNISATIONS

Has your child had any of the follow immunisations?
(Please tick and date)

IMMUNISATION	PLEASE TICK IF THE CHILD HS HAD THE IMMUNISATION	DATE OF IMMUNISATION
BCG		
Diphtheria		
HIB		
MMR		
Meningitis C		
Poliomyelitis		
Tetanus		
Whooping cough		

Doctor's Details

Name of GP:

Name of surgery:

Address:
.....

Postcode:

Telephone number:

Any other details that we should know about?

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

Signed: Date:

Agreement

I agree to abide by the terms, conditions, policies and procedures of The Nursery School which I have read and fully understood.

Signed: Date:

Print name:

Relationship to child:

Signed: Date:

Print name:

Relationship to child:

Please tick your preferred method of communication regarding sharing information between the Nursery and home.

E-MAIL

PAPER DOCUMENTATION

Office use only

Input into Nursery administration system (tick when complete)

On (date):

Input by:

Position:

Actual start date:

Key worker:

Permission slips received

Child's Red Book check		<input type="checkbox"/>
Emergency medication	AGREE/DISAGREE	<input type="checkbox"/>
Photographs	AGREE/DISAGREE	<input type="checkbox"/>