



Nursery Registration Form

FORENAMES _____ KNOWN AS _____

SURNAME _____ DATE OF BIRTH _____ (please
provide copy of birth certificate)

HOME ADDRESS _____

POST CODE _____ HOME TELEPHONE _____ MOBILE _____

EMAIL _____

PREVIOUS NURSERY/PLAYGROUP ATTENDED _____

NAME OF MOTHER _____ NAME OF FATHER _____

ADDRESS (if different from above) _____ ADDRESS (if different from above) _____

OCCUPATION _____ OCCUPATION _____

NAME OF GUARDIAN IF DIFFERENT FROM ABOVE _____

NAME OF PERSON CORRESPONDENCE SHOULD NORMALLY BE ADDRESSED _____

Incase of emergency it may prove necessary for school to contact Parent / Guardian during school hours. Please give an address and telephone number for this purpose, eg workplace or alternative family member or friend if Parent / Guardian not available_____

ETHNIC GROUP (White, European, Asian, etc)_____

FIRST LANGUAGE_____

RELIGION (Church of England, Catholic, etc)_____

EXCLUDE FROM RELIGIOUS EDUCATION / WORKSHOP YES/NO

DATE OF 2 YEAR OLD CHECK_____ WITH WHO_____

NAME OF DOCTOR_____ ADDRESS AND TELEPHONE NUMBER_____

HEALTH DETAILS – Please mention anything that might affect schooling. It is important to include; wears glasses, deafness, asthma, speech therapy, allergies, specific medical conditions etc_____

PERMISSION TO ADMINISTER FIRST AID YES / NO

PERMISSION TO USE ELASTOPLASTS YES / NO

PERMISSION TO SEEK EMERGENCY MEDICAL / HOSPITAL TREATMENT YES / NO

PERMISSION TO SPEAK TO OTHER AGENCIES, eg Health Visitor YES / NO

I WOULD LIKE FURTHER INFORMATION ON FREE SCHOOL MEALS YES / NO

Please indicate the position of all the children in the family

NAME	DATE OF BIRTH	RELATIONSHIP	LIVES AT HOME
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO

OTHER INFORMATION

Please give any other details which will help staff to get to know and understand your child, eg one parent family, lives on isolated farm, has spent a lot of time in hospital etc,

Date _____ Signed _____

PLEASE INDICATE ANY PREFERENCE FOR A MORNING, AFTERNOON OR FULL DAY PLACE AND WE WILL DO OUR VERY BEST TO ACCOMMODATE YOU _____

Do you wish to share funding with another provider YES / NO

Office use only:

Received on _____

Place allocated on _____

Date child entered in sims _____

Consent Replies	
Photo / Video	
School Visits	
Birth Certificate	
Parental Agreement	
Emergency Contact List	
Wipes / Climbing Frame	
Minibus / Animals	