Nursery Registration Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Childs details | | | | | |
| Childs First Name: | | | Childs Surname: | | |
| Date of Birth: | | | Gender: Male  Female | | |
| Brothers’ and/or sisters’ names and ages: | | | | | |
| Special requirements (e.g. dietary or medical etc): | | | | | |
| Religion: | | | Ethnicity: | | |
| Address:  Postcode:  Home Telephone Number: | | | | | |
| Parent /Carers details | | | | | |
| First name:       Surname: | | | | | |
| Relationship to child | | | Mother  Father  Other  (Please state) | | |
| Does this parent have parental responsibility? | | | Yes | | No |
| Tel: | Home: | Mobile: | | Work: | |
| Address: (if different from above) | | | | | |
| Parent /Carers details | | | | | |
| First name:       Surname: | | | | | |
| Relationship to child | | | Mother  Father  Other  (Please state) | | |
| Does this parent have parental responsibility? | | | Yes | | No |
| Tel: | Home: | Mobile: | | Work: | |
| Address: (if different from above): | | | | | |
| Other Contacts | | | | | |
| GP’s Name: | | | Tel: | | |
| Health Visitors Name: | | | Tel: | | |
| Parent/Guardians Signature | | | | | |
| Name: | | | Date: | | |