Nursery Registration Form

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| 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:       |