



Registration Form

Please complete this form to register. On registration we will issue you with a parent pack. The parent pack is completed by yourselves and contains much more detailed information about your child such as; permissions forms, parent information, child's likes and dislikes. Our nursery manager and staff are available at all times to answer any queries you may have.

| Name | i) | | | |
|-----------------------------------------------------------------------------|-------------|----|----|------|
| Name of parent /guardians | ii) | | | |
| Child's full name | | | | |
| Known as | | | | |
| Date of birth | | | | |
| Sex | | | | |
| Address | | | | |
| | | | | |
| Expected start date at nursery | | | | |
| Home telephone no. | | | | |
| Mobile telephone no. | | | | |
| | | | | |
| Sessions required | Full Day | AM | PM | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| I give consent to my child receiving any medical treatment that is urgently | | | | |
| necessary except: | | | | |
| Signed (parent / guar | dian) | | | Date |