



Class:

REGISTRATION FORM

Please complete in block letters and return to the nursery along with your deposit if applicable.

Name of Child:

M/F

DOB:

Agreed Start Date:

Pick up password:

Sessions Required

	BR	PM	TEA	EVE
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Session Types

BR	0730-0900	Breakfast (includes food)
PM	15.15-16.15	Afternoon
TEA	16.15-1700	Tea (includes food)
EVE	1700-1800	Evening

Primary Carer:

Secondary Carer:

Name:

Name:

Relationship to child:

Relationship to child:

Mr/Mrs/Miss:

Mr/Mrs/Miss:

Home Address:

Home Address:

Home Telephone No:

Home Telephone No:

Mobile Telephone No:

Mobile Telephone No:

Email:

Email:

Place of Work:

Place of Work:

Work Telephone No:

Work Telephone No:

Emergency Contact: Y/N

Emergency Contact: Y/N

Bill Payer: Y/N

Bill Payer Y/N

Parental Responsibility: Y/N

Parental Responsibility: Y/N

Authorised Pick up: Y/N

Authorised Pick up: Y/N

Signature:

Signature:



- *Standard monthly fees are payable in advance. (Fees must be paid by the 1st of each month by cash, cheque, debit/credit card, bank transfer and child care vouchers).*
- *Extra sessions will be invoiced in arrears and will show on your next month's invoice.*
- *One month's notice must be given in writing before removing your child from the setting otherwise you will be liable for one full month's fees payable in lieu of notice.*
- *Late payment of fees may result in the loss of your child's place and could result in court action for non-payment.*

I have read the above information and agree to the terms

**Signature:*

Date:

**Signature:*

Date:

** Only one signature required if sole responsibility for payment and parental responsibility lies with named parent/guardian.*

The nursery will confirm any place offered and the sessions required. When confirmation has been received please contact the nursery to arrange your **free** settle sessions minimum of three.

This registration form is our legal contract with you and must be adhered to.

For Office use only:

Date checked

Staff Signature

NOTES



Childs Details

Full Name:

Childs age in Years and Months:

Known as:

Childs Date of Birth:

Address of Child:

Doctors Details

Name:

Address:

Phone No:

Other persons responsible for picking up. We will contact in order.

<p style="text-align: center;">1</p> Name: Home Telephone no: Work Telephone no: Other: Relationship to child: Bill payer: Y/N Parental Responsibility: Y/N	<p style="text-align: center;">2</p> Name: Home Telephone no: Work Telephone no: Other: Relationship to child: Bill payer: Y/N Parental Responsibility: Y/N
<p style="text-align: center;">3</p> Name: Home Telephone no: Work Telephone no: Other: Relationship to child: Bill payer: Y/N Parental Responsibility: Y/N	<p style="text-align: center;">4</p> Name: Home Telephone no: Work Telephone no: Other: Relationship to child: Bill payer: Y/N Parental Responsibility: Y/N



**Childs Personal Details:
Please tick all relevant boxes:**

Hair Colour		Eye Colour		Nationality	Spoken Language	Religion	Ethnicity				
<input type="checkbox"/>	Black	<input type="checkbox"/>	Blue	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Blonde	<input type="checkbox"/>	Brown	<input type="checkbox"/>	American	<input type="checkbox"/>	French	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Asian Indian
<input type="checkbox"/>	Dark Brown	<input type="checkbox"/>	Green	<input type="checkbox"/>	Australian	<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Catholic	<input type="checkbox"/>	Asian Other
<input type="checkbox"/>	Light Brown	<input type="checkbox"/>	Hazel	<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	English	<input type="checkbox"/>	Christian	<input type="checkbox"/>	African
<input type="checkbox"/>	Red	<input type="checkbox"/>	Other	<input type="checkbox"/>	British	<input type="checkbox"/>	German	<input type="checkbox"/>	C of E	<input type="checkbox"/>	Black African
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	Canadian	<input type="checkbox"/>	Greek	<input type="checkbox"/>	C of S	<input type="checkbox"/>	African Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Black Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	French	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Jehovah Witness	<input type="checkbox"/>	Chinese
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	German	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Greek
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Indian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Methodist	<input type="checkbox"/>	Gypsy/Roma
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Irish
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Japanese	<input type="checkbox"/>		<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Mixed Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Polish	<input type="checkbox"/>		<input type="checkbox"/>	None	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Portuguese	<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>	Traveller of Irish Heritage
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Spanish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Turkish
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Greek	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	White British
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Eastern European	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Black British
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Other

If you have answered yes to any of the other boxes please explain here.



**Other Information:
Please tick all relevant boxes.**

Medical	Allergies	Open Permission	Vaccinations	Contracted illnesses	Dietary
Asthma	Bananas	Display of Dietary Needs	Whooping Cough	Chicken Pox	Religious
Diabetes	Eggs	Administration of Prescribed Medicines	Diphtheria	Diphtheria	Lactose Intolerant
Down's Syndrome	Fish	Nappy Cream	HIB	Whooping Cough	Vegan
Eczema	Lactose	Outings around local community	Measles	Measles	Vegetarian
Long Sighted	Nuts	Photos on website	Meningitis C	Meningitis C	See Allergies
Short Sighted	Oranges	Photos in and around nursery	MMR	Mumps	Other
Febrile Convulsions	Penicillin	Calpol/ Nurofen with Verbal Phone Consent	Mumps	Polio	
Epilepsy	Soya	Educational Observation Staff	Polio	Rubella	
Grommets	Strawberries	Educational Observation for Students	Rubella	Tetanus	
Pyloric Stenosis	Sugar	Other	Tetanus	Scarlet Fever	
Sensitive Skin	Dairy		Other	Other	
Speech Problems	Gluten				
	Hay fever				
Other	Other				

If you have answered yes to any of the above please provide further information:

I agree that this information is up to date and accurate and accept that it is my responsibility to inform the nursery immediately of any changes to this information.

Signature:

Date:

Print Name



Emergency Medical Permission.

I the Parent/ Guardian / Carer of _____ (Child's Name)
Give permission to Minster Day Nursery to act on my behalf in giving permission for any
emergency treatment my child may need in my absence.

Primary contact:

Secondary Contact:

Minster Day Nursery agree to try to contact me and if they can't reach me then an
emergency contact from below.

1	2
Name:	Name:
Home Telephone no:	Home Telephone no:
Work Telephone no:	Work Telephone no:
Other:	Other:
Relationship to child:	Relationship to child:
3	4
Name:	Name:
Home Telephone no:	Home Telephone no:
Work Telephone no:	Work Telephone no:
Other:	Other:
Relationship to child:	Relationship to child:

Childs Full Name:

Date of Birth:

Address:

Doctors Name:

Doctors Address:

Allergies:

I agree that this information is up to date and accurate and accept that it is my
responsibility to inform the nursery immediately of any changes to this information.

Signature:

Date: