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CHILD REGISTRATION FORM

Child's name					
Date of birth		Gender			
Language(s) spok					
Religion					
Address					
Parent / Carer 1					
Title	Name				
Occupation					
Email Address		Phone number			
Parent / Carer 2	!				
Title	Name				
Occupation					
Email Address		Phone number			
A daluares fueros men					
Address from par	ents(s) (if different from child)				
Nominated Eme	rgency Contact				
Title	Name				
Phone number		Relationship with the child			
Dootovía Nama					
Doctor's Name					
Doctor's address and phone number					
Dentist's name Dentist's address and phone number					
Deritist's address and priorie number					
Information regarding person collecting child					
(Note: Children under 18 years of age are not allowed to collect siblings or friends)					
Information regar	rding medication and allergies				
Information regarding dietary needs					
Is there anything you would like us to know about child`s interests and behaviour?					
Registration fee paid*					
*Please note that the Registration Fee is a non-refundable administration charge and does not guarantee a place for your preferred sessions or start dates.					
I confirm that I have read and understood this form, the Terms and Conditions and					

PREFERRED DAYS AND TIME OF ATTENDENCE

Please tick the number of days and sessions you would like your child to attend.

Please note we only offer a minimum of three full days or five half day sessions per week.

Please note prices differ for full day sessions.

Day	Morning session 8:30am - 1pm	Afternoon session 1:30pm - 6pm	Full day session 8am – 5pm	Full day session 8am – 5:30pm	Full day session 8am – 6pm	Full day session 8:30 – 5pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Print name (Parent/Carer):	Date
Signed	

Thank you!

Please hand back this page to the Nursery Manager.