



## REGISTRATION FORM

Childs Name: _____	Date of Birth: _____
Address: _____	
Post Code: _____	
Home Tel: _____	Gender: Male / Female
Nationality: _____	Religion: _____ 1 <sup>st</sup> Language: _____
GP Name: _____	GP Tel: _____
GP Address: _____	
Health Visitor Name & No: _____	
Immunisations received (please circle): DTaP / IPV / Hib PCV / Rotavirus / Men Bo Men B / MMR / FLU	
Medication: _____ Dietary requirements: _____	

Mothers Name:	Fathers Name:
Address:	Address:
Contact No:	Contact No:
Email:	Email:
Occupation:	Occupation:
Work Tel:	Work Tel:
NI Number:	NI Number:
Nationality:	Nationality:
<b>Alternative Emergency Contact 1:</b>	<b>Alternative Emergency Contact 2:</b>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Tel: _____	Tel: _____

## BOOKING FORM

### Nursery Requirements:

Days Required	Early bird start 7am - 7pm	Full Day 8am - 6pm	Morning Session 8am - 1pm	Afternoon Session 1pm - 6pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

\* Additional Hours are available upon request.

### **Please circle as applicable:**

Term time only / All year (Same booked days)

### **Funding information:**

Do you receive free funding? \_\_\_\_\_

If yes...

What date does your funding start? \_\_\_\_\_

15/30 hours code \_\_\_\_\_

Parent/ carer D.O.B \_\_\_\_\_

Parent/ carer National insurance number \_\_\_\_\_

**Any additional notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Office use only

Start Date: \_\_\_\_\_ Date birth certificate seen: \_\_\_\_\_

Deposit paid on: \_\_\_\_\_ CASH / CHEQUE / BACS / Debit CARD:

Room Name: \_\_\_\_\_

Settling in Day 1 : \_\_\_\_\_

Settling in Day 2 : \_\_\_\_\_