

Birchwood private day nursery.
Registration form.

Name of child;

Date of birth;

Religion (optional);

Address

Home tel no;

Details of parents.

Mother name
Address

Father name
Address

Home tel no
Mobile tel no
Employer
Address

Home tel no
Mobile tel no
Employer
Address

Tel no

Tel no

Parental responsibility _____

Two names and address of persons to contact in an emergency.

1. name and address

2. name and address

Home tel no
Mobile tel no

Home tel no
Mobile tel no

Password_____

Name and address of child's doctor;

Tel no;

Health visitor

Tel no

Please give details of any injections/immunisations your child has already received.

Allergies.

Please give details of any allergies your child may have.

Is there anything else you think we should know about your child? If yes please give details below.

In the event of an emergency do you give consent to your child being given medical treatment.

Signed _____ Date _____

I give my consent for the staff at the nursery to apply suncream to my child if necessary (I will provide suncream with name on)

Signed _____ Date _____

I give consent for my child to be photographed at the nursery and during any outings/trips for the purpose of displays, scrap books and profiles etc.

Signed _____ Date _____

I give my consent for the nursery to administer my child's own calpol or inhaler.

Signed _____ Date _____

I give consent for my child to be taken off nursery premises under supervision.

Signed _____ Date _____

Date I would like my child to start the nursery _____

What sessions I would like _____

For our future reference, could you tell us how you heard about our nursery, thanks.