



Registration Form

Child's Full Name:

Date of birth:	Sex:	Religion:	Ethnic Origin:	Child's 1 st Language:
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Child's Home Address:

Postcode:
Telephone Number:

Name of parent/person with parental responsibility:

Home Address: (If different from above)

Postcode:
Home Number: Mobile Number:

Work Address

Work Telephone Number: Extension Number:

Name of second parent/person with parental responsibility:

Home Address: (If different from above)

Postcode:
Home Number: Mobile Number:

Work Address:

Work Telephone Number: Extension Number:

If your child is unwell, we may need to contact someone who can collect your child. Please give details of people including yourself who will be available during the day:

Name	Relationship to child	Telephone number
1 st contact:		
2 nd contact:		
3 rd contact:		

Name(s) of all person(s) who will collect your child from nursery. Staff will not be able to hand over children to anyone who is not on the consent form. For the safety and welfare of your child, wherever possible please ensure that any persons collecting your child is aged over 16 or over.

Name	Relationship to child:	Address:	Telephone Number:

Password:.....