



Registration Form

Child's full name (and any alias)
Date of birth: Gender: Female / Male
Days attending nursery (please circle) : Mon - a.m. p.m. full day Tue- a.m. p.m. full day Wed- a.m. p.m. full day Thur- a.m. p.m. full day Fri- a.m. p.m. full day Date starting nursery:
Home address:
Home telephone number:
Name of mother/ carer:
Occupation of mother and work address:
Daytime address and telephone number:
Name of father/ carer:
Occupation of father and work address:

Daytime address and telephone number:

Name of family doctor:

Address of surgery and telephone number:

Name of emergency contact:

Relationship with child:

Address of emergency contact and telephone number:

Immunisation record. Please give details of any immunisations your child has to date. Please inform the nursery staff of any vaccinations your child has during their time at the nursery.

Name of vaccine:

Date:

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Infectious disease record. Please give details of any infectious diseases your child has had, previous to starting nursery, such as chicken pox.

Name of disease:

Date of onset:

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Please give details in this section of persons who have permission to collect your child from nursery.

Name, address, telephone number and any password you may wish to use (please note if any person who collects your child is not recognised and does not know the password they will not be able to take your child/ children)

Please give details of the following if applicable:

Religious or cultural considerations:

Ethnic Origin and Language spoken:

Special family circumstances:

Special health needs (include medication/ inhalers your child is taking):

Allergies (food or otherwise):

Dietary requirements or preferences:

Special songs/games/stories liked by your child:

Terms:

I agree to allow Flower Pots Nursery to seek medical assistance in an emergency.

I agree that medicine prescribed by a doctor for my child may be administered by nursery staff in accordance with the dosage instructions.

I agree to my child being photographed for the nursery photograph album including displaying photographs on the walls and the computer (for nursery use only).

I agree to let Flower Pots Nursery take my child off the premises providing no transport is used and there is an adult child ratio of one adult to every two children.

Signed:

Date: