

# Nursery Registration Form



**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

**Part 1: CHILD'S DETAILS**

<b>FIRST NAME(S)</b>		<b>SURNAME</b>	
<b>GENDER</b>		<b>DATE OF BIRTH</b>	<b>(If unborn, expected DOB)</b>

How did you hear about us?

.....

**OFFICE USE ONLY**

**REGISTRATION FORM RECEIVED:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_ **PLACE OFFERED ON:** \_\_\_\_\_

**FURTHER CONTACT:** \_\_\_\_\_

**REGISTRATION REMOVED FROM ENQUIRY ON:** \_\_\_\_\_  
**(IF NO RESPONSE FROM PARENT)**

**NUMBER OF SESSIONS PER WEEK:** .....

**HOT LUNCH REQUIRED:** YES NO

**PARTNERSHIP FUNDING FORM REQUIRED:** YES NO

**FINANCE USE ONLY**

**CHILD REFERENCE No.** \_\_\_\_\_

**START DATE** \_\_\_\_\_

<b>COST TO:</b>
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<b>COST FROM:</b>
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<b>ADDED TO XERO</b>	<b>ADDED TO MI</b>	<b>ADDED TO FAMILY</b>
		<b>LINK SENT</b>



**Part 4: DETAILS OF PARENT(S) OR GUARDIAN(S)**

DETAILS	FIRST Parent/Guardian	SECOND Parent/Guardian
RELATIONSHIP TO CHILD (birth parent, foster, adoptive or other)		
TITLE		
SURNAME		
FIRST NAME		
HOME ADDRESS		
Email Address		
HOME TELEPHONE NUMBER		
MOBILE TELEPHONE NUMBER		
NAME AND ADDRESS OF EMPLOYER (will only be contacted in a emergency)		
WORK TELEPHONE NUMBER		
IS PARENT A STUDENT AT COLLEGE OR UNIVERSITY? (Give details of college and any pending funding)		

**Part 5: EMERGENCY CONTACTS**

(other than the above, who can collect child from nursery in an emergency)

NAME: .....

NAME: .....

ADDRESS: .....

ADDRESS:.....

.....

.....

.....

.....

HOME TEL:.....

HOME TEL:.....

MOBILE: .....

MOBILE:.....

RELATIONSHIP TO CHILD:

RELATIONSHIP TO CHILD:

.....

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**PERSONAL INFORMATION**

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**1. Please circle what is your ethnic origin**

**White**

White Scottish    White English    White Welsh    White Irish    other White background  
(please specify)

**Mixed**

any mixed background

**Asian, Asian Scottish or Asian British**

Indian    Pakistani    Bangladeshi    Chinese    any other Asian background  
(please specify)

**Black, Black Scottish or Black British**

Caribbean    African    any other Black Background  
(please specify)

**Other ethnic background**

any other background  
(please specify)

**2. Do you speak any other languages other than English?**

**Yes**

**No**

**3. If yes, which language(s) do you speak?**

**I hereby confirm that the information I have provided is correct.**

SIGNED: .....  
(PARENT/GUARDIAN 1)

SIGNED:.....  
(PARENT/GUARDIAN 2)

PRINT NAME: .....

PRINT NAME:.....

DATE: .....

Signed for and on behalf of the ALMOND PARK Nursery Ltd:

.....

DATE: .....