

Registration Form BABYBIRDS



Details

Child's surname	<input type="text"/>	<input type="checkbox"/>	BOY	Position of this child in the family :
First name	<input type="text"/>	<input type="checkbox"/>	GIRL	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> other
Name to be used at nursery <small>(e.g. an abbreviation)</small>	<input type="text"/>	Date of Birth <input type="text"/>		
Address	<input type="text"/>	Ethnic origin <input type="text"/>		
		Religion <input type="text"/>		
Postcode	<input type="text"/>	Home language <input type="text"/>		
Home telephone	<input type="text"/>	2nd language <input type="text"/>		

	Mother	Father	Authorised Person 1	Authorised Person 2
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home tel.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work tel.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list in order of priority persons to be contacted in an emergency. All emergency contacts must be able to collect from the nursery.

Priority	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Person responsible for bringing and collecting child from nursery on a daily basis

Who has parental responsibility for the child? Mother Father Other

Please specify if anyone does not have legal contact with the child

Child's Health Number

Medical

Name of Doctor	<input type="text"/>	dip/tet/wh-c/hib/polio/men c	Date	/ /
		dip/tet/wh-c/hib/polio/men c	Date	/ /
		dip/tet/wh-c/hib/polio/men c	Date	/ /
Surgery address	<input type="text"/>	MMR	Date	/ /
		other	Date	/ /
		other	Date	/ /
Telephone	<input type="text"/>	other	Date	/ /

Medical Conditions

<input type="text"/>
<input type="text"/>
<input type="text"/>

Allergies

<input type="text"/>
<input type="text"/>
<input type="text"/>

Special Needs

<input type="text"/>
<input type="text"/>
<input type="text"/>

Does your child:

<input type="checkbox"/>	Wear glasses
<input type="checkbox"/>	Suffer with hearing
<input type="checkbox"/>	Have speech problems

Please list any support received e.g.. Social Worker, Educational Psychologist, Speech Therapist etc..

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Booking Details

Please tick the appropriate boxes for the days required.

We will do our best to accommodate your requirements but cannot guarantee specific days.

Monday	Tuesday	Wednesday	Thursday	Friday

Any other information regarding your booking eg flexibility.

Requested start date :

Date	Month	Year

Should there not be a place for your child at the moment, do you wish to remain on the waiting list?

 YES NO

How did you hear about Ladybirds Nursery?

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Is there any additional information you would like us to know about your child?

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Ladybirds Nursery will hold the above information on computer solely for its own use.

Signed

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Dated

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Please return this form and pay £35* electronically to

Ladybirds Nursery Ltd
Account Number: 91762842
Sort Code: 40-40-01
Reference: Childs Name

** £35 is a non-refundable registration fee and does not guarantee a place.*

Admissions

**Ladybirds Nursery
'Babybirds'
Hill End Lane
St. Albans, Hertfordshire
AL4 0RA**

Office use only

Pd Reg fee _____

Pd Deposit - £200 / £300

Letters Sent: Ack Dep Req/settle

Returned:

T&C's _____

Data Capture _____

