

## Registration Form BABYBIRDS



### Details

Child's surname   BOY Position of this child in the family :  
 GIRL  1st  2nd  3rd  4th  other

First name

Name to be used at  Date of Birth   
(due date)

nursery (e.g. an abbreviation)  Ethnic origin   
(optional)

Address  Religion   
(optional)

Postcode  Home language

Home telephone  2nd language

|            | 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

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

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

| Medical Conditions   | Allergies            | Special Needs        | Does your child:                              |
|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Wear glasses         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Suffer with hearing  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Have speech problems |

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

### 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.

|                                 |                                  |                                    |                                   |                                 |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|

Any other information regarding your booking eg flexibility.

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**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

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How did you hear about Ladybirds Nursery?

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

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

Signed

Dated

Please return this form and a cheque for £35\* made payable to 'Ladybirds Nursery Ltd' to:

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

*\* £35 is a non-refundable registration fee*