

Registration Form



Details

Child's surname BOY Position of this child in the family :

First name GIRL 1st 2nd 3rd 4th other

Name to be used Date of Birth
at nursery (e.g. an abbreviation)

Address Ethnic origin
(optional)

Postcode Religion
(optional)

Home telephone Home language

2nd language

	Parent 1	Parent 2	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"/>
Priority	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Person responsible for bringing and collecting child from nursery on a daily basis

Who has parental responsibility for the child? Parent 1 Parent 2 Other

Specify anyone who does not have legal contact with your child

Medical

Child's NHS Number

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

Medical Conditions	Allergies	Special Needs	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 eg Social worker, Educational Psychologist, Speech Therapist etc

Booking Details

Please tick the appropriate boxes for the sessions required. **Minimum of 3 Focused Fun or 5 Pre-School.**
 We will do our best to accommodate your requirements but cannot guarantee specific days.

	<u>Kingfishers</u> 2 years prior to starting school 8am - 1pm	Focused Fun 2 years prior to starting school 1pm - 3.30/4pm	<u>Care Session</u> 2 years prior to starting school 4pm - 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

	<u>Pre-school Education</u> 1 year prior to starting school 8am - 1pm	<u>Pre-school forest Care</u> 1 year prior to starting school 1pm - 3.30/4pm	<u>Care Session</u> 1 years prior to starting school 4pm - 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Requested start date : Sep-22 Sep-23 Sep-24 Sep-25
 Other

Do you require term time only or all year round care? Term time only Year round care
 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?

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

Ladybirds Nursery will hold the above information solely for its own use for up to 1 year after your child has left.

Signed Dated

Return this form to: Admissions Ladybirds Nursery Hill End Lane St. Albans Hertfordshire AL4 0RA	Please pay £40* electronically to: Ladybirds Nursery Ltd Account Number: 91762842 Sort Code: 40-40-01 Reference: Child's Name <i>* £40 is a non-refundable registration fee and does not guarantee a place.</i>
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Office use only	free entitlement (<i>circle</i>)	Sept	Returned:
Pd Reg fee	15 hrs	Jan	T&C's
Pd Deposit - £600 / £400	30hrs	Apr	Data Capture
Letters Sent: Ack	Dep Req/settle		

Start date:

