

# The Red Squirrel Children's Nursery

## Child Registration Form

### Personal Details

Name of child	
Date of birth	
Home address	
Postcode	
Position in family	
Religion	
Ethnic origin	
Nationality	
Language(s) spoken at home	
Intended medium of education, e.g. English	
Details of any disabilities/special needs	
How did you hear about our nursery?	
Preferred start date	

### About Your Family

Mother/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel numbers	
Mobile	
Home email	
Work address	
Postcode	
Work tel numbers	
Work email	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Father/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel numbers	
Mobile	
Home email	
Work address	
Postcode	
Work tel numbers	
Work email	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

**Other contacts**

<i>Contact one</i>			
Title			
First name /Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>
<i>Contact two</i>			
Title			
First name /Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

**Medical details**

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations?  Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Health visitor details		
Name		
Address		
Postcode		
Telephone number		
Any other details that we should know about?		

**Sessions**

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning only					
Afternoon only					

Signed ..... Date .....

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**Agreement**

I agree to abide by the terms and conditions and policies and procedures of The Red Squirrel Nursery which I have read and fully understand.

Signed..... Date .....

Print name.....

Relationship to child .....

Signed.....Date.....

Print name.....

Relationship to child .....