

# Registration Form



## Child's Details

Full name:

Known as:

Gender:

Date of birth:

Home Address:

Second Address: for example where care is shared with another parent/carer/guardian outside of the aforementioned address; please advise us of this overleaf. This is only required if for 50% of the week, (or more).

Primary contact name, relationship and phone number:

Email (1):

Email (2):

## Parent's / Guardian's Details

*\* It is a statutory requirement that we obtain information regarding who has legal contact with your child and who has parental responsibility. Please see the relative advice within for further explanation.*

Mother/ Father /Guardian's full name: (Delete as applicable)

Home address: ( if different from child)

Work phone number:

Mobile:

Legal contact:

 YES  NO

Parental Responsibility:

 YES  NO

Mother/ Father /Guardian's full name: (Delete as applicable)

Home address: ( if different from child)

Work phone number:

Mobile:

Legal contact:

 YES  NO

Parental Responsibility:

 YES  NO

*\* Where 'legal contact' or 'parental responsibility' is "no", please provide an explanation overleaf.*

**Session's Required** (please tick as appropriate)

Preferred start date:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> am / pm	<input type="checkbox"/> am / pm	<input type="checkbox"/> am / pm	<input type="checkbox"/> am / pm	<input type="checkbox"/> am / pm
<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day

Please see nursery website for fee structure and session times.

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## Additional Contact Numbers

Please provide us with a minimum of two additional contact numbers for persons that, with your permission may collect your child from nursery. We ask for this written consent to meet the terms of our contract; however, we respectfully ask that if parents are sending another collector that they advise us in advance; where practicable. Not all of our staff will have met potential collectors; for example, the occasional Grandparent visit, in this case its always helpful to have a photograph emailed to us that we can print to file. We also ask that authorised collectors have a password to share with us.

The persons identified may also be contacted in the event of an emergency if we have been unsuccessful in contacting parents.

## First Contact

Name:

Relationship to child:

Home/work phone number:

Upon collection please provide your contact with a password to share with us.

## Second Contact

Name:

Relationship to child:

Home/work phone number:

Upon collection please provide your contact with a password to share with us.

## Health / Care Advice

Doctors name, Surgery Address and Telephone:

Health visitor, Surgery Address and Telephone:

Social worker name; (If applicable):

Contact:

(Please indicate n/a if appropriate)

## Acknowledgement and Contract

I have read, understood and agree to the terms and conditions as attached.

I have signed both copies of the terms and conditions and have returned one copy to nursery.

I enclose a non-refundable registration fee of £85.00.

Signature:

Date:

Parent / Guardian

Signature:

Date:

Parent / Guardian

It would help us to know why you chose Daisy Chain Childrens Nursery...

Where did you see us advertised?

**For nursery use only**

Date registration received:

Registration fee paid: Cash / Cheque (no)

E-mail address shared with Senior Manager / Nursery Manager:

Sign and date

Birth certificate copied to file:

Sign and date