

Registration Form

Child Name:
DOB:
Address:

Postcode:
Home Telephone Number:
Who does the child live with as the above address?
.....

Do they spend time at any other address?
.....

If so What relation are they to the child?
.....

Parent Name :
Parent Place of work
Parent work numbers:
Mobile Number
Email Address:

Parent Name:
Parent Place of work
Parent work numbers:
Mobile Number :
Email Address:

Friend or relative who can be contacted in an emergency
Telephone Number:

Religious denomination:
Child's First Language:
Other Language:

Proposed days and times for the child to attend nursery: Please tick
8am-1pm 8am-3.30pm 8am- 6pm Grant funding 9am – 11.30am 1pm – 3.30pm

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Proposed date of entry to the nursery:

Parents are asked to read and sign the statements below:

I/we accept the terms laid out in the prospect.

I/we will pay fees I owe on time and when specified by the nursery

I/we will not be late in collecting the child at the end of the session and will warn both the group and the child on any occasion when this might happen

I/ do / do not give permission for my child's photograph to taken and displayed within the nursery setting.

Can both parent/s and/or carers sign if there is more than one parent

Signature of parent.....:

Date:.....

Your registration fee of £30.00, which is not refundable, should accompany this form

And a copy of the child's birth certificate to complete our records.

We look forward to welcoming your family into our nursery and hope you will enjoy sharing in nursery life!

Health Record

Name of doctor:

Address:

Postcode:

Telephone number

Health visitor:

Telephone Number:

Is your child allergic to anything?
.....

If yes, is any medication needed?
.....

Has your child any on going health problems?
.....

Has your child any dietary requirements?
.....

Any further information that may help?
.....

Are there any other health care professionals involved with your child's care?
.....

I/we agree/ disagree to staff at Ladybirds Day Nursery administering infant paracetamol e.g. calpol in the event of my child becoming unwell while in their care.

I/we agree/ disagree to staff at Ladybirds Day Nursery seeking medical advice or treatment in the advent of an emergency.

Can both parent/s and/or carers sign if there is more than one parent

Signature of parent/s

Date:

Payment record:

Payee:

Invoice Address:

.....

Postcode:

Payments of invoice: please choose below

Monthly invoice:

Monthly standing order:

We can work out over the year how much approximately your invoice will be and divide it between 12 months.

Any extras will be invoice separately

How would you like to receive to invoice:

To Above address:

Email

Other:

News letter address:

To above address

Email

Other:

I/we will pay fees I owe on time and when specified by the nursery

Can both parent/s and/or carers sign if there is more than one parent

All late pick ups will be charged as follows:

£5.00 whilst nursery is still open i.e. 1pm-6pm

£10.00 once nursery has closed i.e. after 6.05pm. If we have not heard from you by 6.30pm we

Will contact the police (you may have had an accident)

Signature of parent

Date: