



2, Roman Road, Luton, LU3 2QT.
 01582 574390 Email: c.ef@btopenworld.com
 Proprietor: Dr CE Fisher

Registration form

Child's full name:

Date of birth: **Male/Female:** **Ethnic Origin:**

Religion: **Languages spoken at home:**

Address:

..... **Postcode:**

Sessions Required:

	AM 9-12pm Funded only	AM 8-1pm	PM 1-4pm Funded only	PM 1-6pm	Full day 8-6pm
FEES		£25.00		£25.00	£46.00
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Paid sessions offered are: 8am-6pm (full day), 8am-1pm (Morning session), and 1pm-6pm (Afternoon session).
 Grant hours (15 hours per week) offered are: 9am-12pm/ 1pm-4pm over 5 days OR 8am-1pm/ 1pm - 6pm over 3 days.

I request a start date of:

Would you like your child in Full time or Term Time Only

Please note first month's fees are payable on the first day of starting in nursery.

Signed: **Signed:**

Parent/Carer/Guardian

Proprietor/Manager

Date:

Parental/Carer/Guardian Information:

Mother/Carer/Guardian (1)		Father/Carer/Guardian (2)	
Name:		Name:	
Home Telephone:		Home Telephone:	
Mobile Telephone:		Mobile Telephone:	
Email Address:		Email Address:	
National Insurance No:		National Insurance No:	
Mother's Date of Birth		Father's Date of Birth	
Address: (if different)		Address: (if different)	

Work Place:		Work Place:	
Work Address:		Work Address:	
Work Telephone:		Work Telephone:	

Child's Medical/Health/Dietary Details:

Name of Doctor:	
Practise Address:	
Telephone Number:	

Are your child's immunisations up to date: YES/NO

Has your child had Measles?: YES/NO Has your child had Chicken Pox?: YES/NO

Emergency Treatment/Advice Authority – In the event of an accident or emergency I agree to my child receiving emergency treatment/advice in my absence.

Signed: Parent/Carer/Guardian

Does your child have any special health conditions:

Does your child have any special dietary requirements? If so, what are they?

Is your child allergic to any foods? If so, what are they?

Please provide an EpiPen or Allergy medicine if needed and a Care Plan.

Please provide details of Dietary or Medical Procedures Prohibited by Religion or Beliefs:

Does your child have any special educational needs? If so, what are they? :

Are they seen by any professional or attend any specialist places with regards to their special educational needs? Please give details:

Are you concerned about any aspect of your child's learning or development? Including speech and behaviour? Please give details:

Authorised Child Collectors (if Parents/Carer/Guardian are not available):

Name 1:		Name 2:	
Relationship to child:		Relationship to child:	
Telephone Number:		Telephone Number:	



Emergency Contact Details:

Name 1:		Name 2:	
Telephone Number:		Telephone Number:	

Permissions:

	Yes	No
I will provide a sun hat and sun cream to be kept at nursery or in my child's bag (if this is not provided your child will not be able to go outside during hot weather)		
I give permission for a member of staff to apply sun cream to my child		
I give permission for a member of staff to apply a plaster when required		
I give permission for my child to go on nursery outings within the local area (if the outing is further afield you will be informed prior to it)		
I give permission for photographs to be taken during nursery activities and used within my child's profile.		
I give permission for photographs to be taken during nursery activities and displayed at nursery		
I give permission for other parents to take photographs of my child during parties, events etc.		
	Yes	No
Will your child be in nursery during the school term time only?		
Will your child attend nursery during the school holidays?		
Will your child require a hot midday meal/lunch? (current cost is £2.25 per day)		
I agree to keep my child home for at least 24 hours after starting a course of antibiotics		
I agree to keep my child at home if they have a contagious illness such as sickness and Diarrhoea for 48 hours after the last episode.		
I agree to a staff member giving my child Calpol if they have a high temperature		
I agree to not using my mobile phone whilst within the nursery premises		
I give permission for the nursery to share information regarding my child with any new setting (such as school) which they will be attending.		
I give permission for the nursery to contact any professional I have listed within the registration form regarding my child.		
Have you or a member of your family experienced domestic abuse? Please give further details below if you answered 'Yes'.		

Further details:

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Are there any other professionals involved in your child's life, such as Social Services, Consultants, etc.? If so, could you please indicate below?

Name/Job title	Contact details



Parental Information:

Which parent(s) does your child live with?
Who has parental responsibility for your child?

Parent/Carer/Guardian Signature:

Date:

Could you please bring in your child's birth certificate for us to make a photocopy and keep in your child's personal file?

Many Thanks for completing this registration form.