

Registration Form

Date Completed: _____

Personal Details

Child's Full Name		Date of Birth	
Known as		Male/Female	

Parent/Carer Name		Mobile Number	
Parent/Carer Name		Mobile Number	
Parental responsibility			
Home Address			
Postcode			
Home Telephone Number			
Child's Religion		Ethnic Group	

Attendance Details

Please fill in days and times

Start Date: _____

Session:	Mon	Tues	Wed	Thurs	Fri
Mornings (9:00am-12:00pm)					
Afternoons (12:30pm-3:30pm)					
Full Day (9:00am-3:30pm)					

Security Collection Details

We only allow authorised adults to collect your child with prior notice from you on the day in question. By giving us the details below Rise & Shine Day Nursery assume that you give consent for collection of your child from the named substitutes below.

Collectors Name	Relationship to the child	Contact Telephone No:	Password

Health Declaration and Emergency Contact Details

In any case of emergency do we have permission to seek medical advice for your child?

Please Tick

YES	NO
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Do we have permission to disclose the nursery setting name when contacted at your workplace?

YES	NO
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Parent/Carers Emergency Contact Details

Mothers/Fathers/Carers Work address	Phone Number
Emergency contact Name, Address & Relation	Phone Number
One other Emergency contact Name, Address & Relation	Phone Number

Doctors Name & Address	Postcode:	Telephone No:	
Dentist Name & Address	Postcode:		

Details of any Known allergies	
Is your child up to date with immunisations	
Details of any current/ongoing Prescribed or non prescribed medication	
Any specific dietary requirements? Please state:	

Additional information you wish to share about you or your child?	
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