



## Registration Form

Child's full name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone number (home) \_\_\_\_\_

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Name of Mother \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Employers Address & Phone number \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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Name of Father \_\_\_\_\_

Father's Employer \_\_\_\_\_

Employers Address & Phone number \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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In case of emergency please provide a telephone number where you and/or a friend/relative can be contacted during Nursery hours.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name of person who will usually collect your child \_\_\_\_\_

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Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Has your child been immunised against:

	YES	NO
Diphtheria	_____	_____
Tetanus	_____	_____
Whooping Cough	_____	_____
M.M.R	_____	_____
Polio	_____	_____
HIB	_____	_____
Meningitis	_____	_____

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Has your child any ongoing health problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Should the need arise I give Little footprints Nursery permission to seek emergency advice or treatment in the event of the Nursery not being able to contact me.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I give permission for Little Footprints Nursery to administer any medication that maybe required during Nursery hours. E.g. Antibiotics.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Please can you let us know your child's religion, ethnic background or any other information you may feel relevant to the care of your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please indicate your child's preferred drink:

MILK                      FRUIT JUICE                      WATER

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Which sessions do you require your child to attend?

Please indicate approximate times for arrival and collection if a FULL DAY.

In order to maintain continuity in terms of care and development, all children are required to attend a minimum of two sessions, or one full day per week.

	MORNING 8.30am-12.00pm	AFTERNOON 1.30pm-4.00pm	FULL DAY 7.00pm-7.00pm
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____

Parents of those children not staying all day, but would like them to receive a meal can book in advance:

Dinner **£2.00**

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Date I wish my child to start at the Nursery \_\_\_\_\_

Which school will your child be attending after Nursery (if known) \_\_\_\_\_

Which term will your child be starting school (if known) \_\_\_\_\_  
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I wish to apply for admission to Little Footprints Day Nursery for (child's name)  
\_\_\_\_\_

I have received and read a copy of the prospectus and agree to comply with the terms and conditions.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please note that all fees are payable four weeks in advance, and can be cash, cheque or a standing order. An invoice will be sent one week prior to fees being due. Please make cheques payable to **Little Footprints**.

Please return the Registration form to:

**Little Footprints Day Nursery, 73 The Rundels, Thundersley, Essex, SS7 3QN**

