



# William House Nursery Ltd Registration Form

**Child's Details**

Full name of child \_\_\_\_\_ Sex: Boy / Girl

Preferred name used \_\_\_\_\_

Home Address \_\_\_\_\_ Post Code \_\_\_\_\_

Home telephoneNo. (inc.code) \_\_\_\_\_ E- mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ Nationality \_\_\_\_\_

Position in family & names of sibling's \_\_\_\_\_

**Contact details for parent or guardian during nursery hours:**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Parent/Guardian:</b>         | <b>Parent/Guardian:</b>         |
| Title .....Name.....            | Title .....Name.....            |
| National Insurance No .....     | National Insurance No .....     |
| Relationship to child .....     | Relationship to child .....     |
| Occupation.....                 | Occupation.....                 |
| Work Name &Address .....        | Work Name &Address .....        |
| .....                           | .....                           |
| Post Code.....                  | Post Code.....                  |
| Work tel. no. (inc. code) ..... | Work tel. No. (inc. code) ..... |
| Mobile: .....                   | Mobile: .....                   |

|   |
|---|
| <b>Name of person authorised to collect child other than parents / guardian</b>   |
| Name .....Relationship to child .....   |
| Telephone No (home) .....Telephone No (work) .....                                |
| Extra Name/ Emergency no. (inc. code) if above are not able to be contacted ..... |

|   |
|---|
| <b>Name of person authorised to collect child other than parents / guardian</b>   |
| Name .....Relationship to child .....   |
| Telephone No (home) .....Telephone No (work) .....                                |
| Extra Name/ Emergency no. (inc. code) if above are not able to be contacted ..... |

|   |
|---|
| <b>MEDICAL DETAILS</b> Family Doctor (name) .....Telephone number ..... |
| Address .....   |
| Health Visitor(name) ..... Telephone No.....                            |
| Address .....   |

**IMMUNISATIONS:- Please tick (√)**

| 2 months<br>( )                     | 3 months<br>( )  | 4 months<br>( )   | Between<br>12 and 13 mths ( )               | 2 and 3 yrs<br>( ) | 3yrs 4 months, or<br>soon after                            |
|-------------------------------------|--|---|---|--------------------|--|
| 5-in-1<br>Pneumococcal<br>Rotavirus | 5-in-1 (2 <sup>nd</sup> dose)<br>Meningitis C<br>Rotavirus (2 <sup>nd</sup><br>Dose) | 5-in-1 (3 <sup>rd</sup> dose)<br>Pneumococcal<br>(2 <sup>nd</sup> dose) | Hib/Men C<br>booster<br>MMR<br>Pneumococcal | Flu Vaccine        | MMR (2 <sup>nd</sup> Dose)<br>4-in-1 pre-school<br>booster |

Details of any allergies, habits or fears:.....

Details of any known special needs requirements.....

Any details of medical / dietary requirements/ procedures which are prohibited by family or religious beliefs:

Does your child prefer Milk or Water to drink? .....

**BOOKING SESSIONS –**

Please indicate the sessions required.

What date would you like your child to enter the nursery? \_\_\_\_\_

It can be arranged if you require a 7.30am start or 6.00pm finish

*Morning session*

*Afternoon session*

|           |               |                  |
|-----------|---------------|------------------|
| MONDAY    | 8am - 1pm ( ) | 1pm – 5.30pm ( ) |
| TUESDAY   | 8am - 1pm ( ) | 1pm – 5.30pm ( ) |
| WEDNESDAY | 8am - 1pm ( ) | 1pm – 5.30pm ( ) |
| THURSDAY  | 8am - 1pm ( ) | 1pm – 5.30pm ( ) |
| FRIDAY    | 8am - 1pm ( ) | 1pm – 5.30pm ( ) |

Please indicate if you require Early start ( ) Late finish ( )

In which term and year do you expect your child to start day school? .....

Date..... School .....

**Terms and Conditions:-**

- On registration to Nursery your child’s birth certificate will be required as proof of identification.
- To help keep records accurate please can any changes to the above information be confirmed with the Nursery Office
- Accounts are payable by the third week of each month. Notice period to leave: four weeks.
- Nursery Fees are to be paid if your child is on holiday or not attending for any reason. Fees are subject to change.

Please note that Photographs of nursery and its children are taken from time to time for the purposes of publicity, as a record of the life of the nursery, for the enjoyment of the community and as part of Early Years Foundation Stage work. These may be used in various forms, for example, in printed material displays within the nursery. Your consent to the use of such photographs, which have your child’s image on them, is demonstrated by your signature below.

Consent for Sun Cream - During the summer months, it is necessary to apply sun protection cream. Consent for this and a supply of sun-cream is required. I give permission to apply sun protection cream to my child/children.

It is understood that on completion of a registration form, you are in agreement with the term and conditions.

Information is updated and reviewed and parents are informed appropriately, therefore changes may occur.

I/We accept the policies and terms and conditions of William House Nursery as stated above and hereby apply for the admission of my child to William House Nursery.

Who has legal contact with the child? \_\_\_\_\_

Who has parental responsibility for the child? \_\_\_\_\_

1. Parent / Guardian Signature .....Date.....

2. Parent / Guardian Signature .....Date.....

**Please can you help us with our survey? How did you hear about us?**

Yellow Pages ( ) Thomson ( ) Word of Mouth ( ) Newspaper ( ) Business Pages ( ) Darlington Early Years ( )

Child link ( ) Web site ( ) other - please name; .....