

REGISTRATION FORM

Child's Full Name.....Sex.....

Name by which child should be addressed whilst at Nursery.....

Date of Birth.....

Address.....

Post Code.....

Tel No.....

Name of Mother.....Place of work.....

Tel No.....

Name of Father.....Place of work.....

Who has Parental Responsibility:.....

Emergency contact other than Mother or Father.....

Address.....

Tel No.....

Name of person who normally collects child.....

Other person who have permission to collect child.....

Doctors Name.....

Address.....

Tel No.....

Childs position in family(oldest/youngest ?).....

Vaccinations.....

Serious Illness/Operations.....

Allergies/Special Diets/Health Problems.....

Has your child had a reaction to elastoplast?

Language spoken at home.....

Other information you think may be useful (Favourite toys, likes/dislikes etc).....

Where did you hear about the Nursery ?

Sessions to be attended
(Minimum of two)

Please tick
MON TUES WEDS THURS FRI

AM.....
Lunch.....
PM.....

Do you require early starts ?

Afternoon club ?.....

Starting date of Nursery.....
Name of next School.....
Starting date of next School.....
Registration fee enclosed £10.00 (Non-Returnable)

Signed..... Date.....
Parents should notify the Nursery of any change in these details immediately. Details of any accidents which occur whilst your child is attending Nursery will be recorded in the Accident Book and will need to be signed when you collect your child.

APART FROM BANK HOLIDAYS THE NURSERY REMAINS OPEN DURING HALF-TERM.

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CONSENT FORM

EMERGENCY MEDICAL TREATMENT

I consent to any emergency medical treatment whilst my child is at The Swan Nursery. I authorise the staff to sign any written form of consent required by hospital authorities if the delay in getting my signature is considered by the Doctor to endanger my child's health and safety.

Signed.....Parent/Guardian.....Date.....

PLASTERS

My child has no known allergy to plasters and in the event of a minor injury I give my permission for a plaster to be applied to minimise distress and risk of infection.

Signed.....Parent/Guardian.....Date.....

SUN CREAM

In sunny weather please bring your child to Nursery with sun cream already applied. If you would like us to re-apply during the day please supply a named bottle of sun cream and sign consent below.

Signed.....Parent/Guardian.....Date.....

PHOTOGRAPHS

Occasionally we take photographs of the children at play to use in promotional displays or publicity materials. The children are never named or identified. I consent to The Swan Nursery to take and use photographs of my child for use as described above.

Signed.....Parent/Guardian.....Date.....

DATA PROTECTION

I agree that The Swan Nursery School may hold the information I have given for the purposes of managing the Nursery and I undertake to advise staff of any changes to these details. I understand that this information will be available to employees and the Management of the Nursery and that I may inspect the information relating to my child by giving reasonable notice.

Signed.....Parent/Guardian.....Date.....

CANCELLATION

If I wish to remove my child from The Swan Nursery I agree to give 4 weeks notice. If I have registered my child but then decide for them not to attend I understand that I have to give 4 weeks notice. I understand that I will be liable to a 4 week charge if I fail to do this.

Signed.....Parent/Guardian.....Date.....