

Registration Form (GCMN)

Reg Date

Preferred Sessions (please circle)

Mon am pm Tues am pm Wed am pm Thurs am pm Fri am pm

Registration fee

Deposit

Date & Amount

Date & Amount

Start Date:

First Term's Fees:

Please fill in all sections of this form.

Please use a separate form for each child.

Child's Name

Male Female

Date of Birth:

Ethnic Origin:

First Language

Who has the legal responsibility for the child :

Who has the parental responsibility for the child :

Home Address:

Emails:

Home Tel No (landline)

Mothers / Parent 1 Name:

Fathers / Parent 2 Name:

Mothers / parent 1 Work No:

Fathers / Parent 2 Work No:

Mothers / Parent 1 Mobile No:

Fathers / Parent 2 Mobile No:

Alternative contacts who may collect your child or be contacted in an emergencyName:

Name & Relationship to child

Daytime Telephone:

Name & Relationship to child

Daytime Telephone:

Name & Relationship to child

Daytime Telephone:

Doctors Name:

Telephone Number:

Surgery Address:

Health Visitors Name:

Telephone Number:

Injections (please tick and date those received)			
Diphtheria	Whooping Cough	Tetanus	Polio
M.M.R	Menigitis	HIB	Others (please state)

Has your child had any of the following illnesses?			
Whooping Cough	Mumps	Measles	Chicken Pox
Glandular Fever	Scarlet Fever	Other (please give details)	

Does your child suffer from any of the following?			
Asthma	Hayfever	Eczema	Fits
Mumps	Chicken Pox		

Does your child suffer from any Allergies? (tick to indicate)			
Milk	Wheat	Elastoplasts	Eggs Fish Strawberries
Penicillin	Stings	Sugar	Other (please state)
Further information:			

If your child is on medication please give details:

Any Additional Information

Consents
I/We give consent for my child to participate in all indoor, outdoor activities and local visits.
I/We also fully authorise that the Nursery staff
I/We give consent for suncream/nappycream to be applied to my child whilst at nursery. I will provide the cream from home.
I/We give consent for photographs to be taken of my child and used for educational purposes
Telephone consent will be gained, if I/We cannot be
I/We give consent for my child's key person to conduct observations for developmental purposes.
• I understand that any carer who suspects that a child in his/her care may have been abused or

SIGNED	DATE
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