

Green Lane Nursery and Childcare Centre

Registration Form

Child's Full Name:			
Date of Birth:			
Gender:	Male/Female		
Home Address:			
Home Telephone Number:			
Parent/Carer's Names, Addresses and Contact Numbers:			
Tel:			Tel:
Mobile:			Mobile:
Work:			Work:
Parental Responsibility:	Yes/No	Parental Responsibility:	Yes/No
Name of legal guardians:			
Ethnic Origin:			
Details of medical procedures prohibited by family religion/religious beliefs (If none, please write none):			
Information about health problems/conditions: (Asthma, eczema, hay-fever, epilepsy)			

Record of immunisations:

Does your child have any special needs or disabilities? If so, please specify:

Does your child have any allergies or food intolerances? If so, please specify:

Is your child on regular medication?

Please state which medication and how often it is given?

GP's name, address and telephone number:

Health Visitor's name, address and telephone number:

Details of any other professionals who have regular contact with the child:

**Name & telephone number of persons who may collect child in an emergency.
Please indicate their relationship, for example grandparent, aunt, friend.**

Relationship:	Relationship:

Tel:	Tel:
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Name of Child:	
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Please state the days and times you will require childcare cover

	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

When would you like your child to start?

By signing this registration form you are agreeing to conform to all our policies and procedures. These can be found on our website, or a hard copy can be requested from the office.

Parent/Carers signature:	
Date:	
Name of Child:	