

# REGISTRATION FORM

A fee of £30.00 deposit is required in order to be placed on the registration list at Goldcrest Day Nurseries, Stanford-Le-Hope (please note if are to hold a place for longer than a 4 week period a fee of £90.00 will be necessary). Parents are asked to note that the completion of this form guarantees a place on the waiting list. We will do our best to accomodate the starting date requested for your child.

## CHILD

Full name: .....

Date of birth: ..... / ..... / ..... Age at registration: .....

Requested starting date: .....

## PARENT(S) OR GUARDIAN(S)

Title: (Mr, Mrs, Miss, Ms or other) 1..... 2.....

Surname: 1..... 2.....

Forenames: 1..... 2.....

Relationship to child: 1..... 2.....

Home address: 1..... 2.....

.....

Home telephone: 1..... 2.....

Work address: 1..... 2.....

Work/other telephone: 1..... 2.....

## EMERGENCY CONTACT PERSON(S)

Name and address of another person(s) we can contact in an emergency if we are unable to contact the names above. Please provide a photograph for identification.

Name: 1..... 2.....

Address: 1..... 2.....

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Relationship to child/parents: 1..... 2.....

Home telephone: 1..... 2.....

Work/other telephone: 1..... 2.....

## ATTENDANCE

Please tick the attendance required for your child and on which days. A minimum of TWO attendances is required for either full or part days.

	FULL DAY	SCHOOL DAY	MORNING	AFTERNOON
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## CHILD'S DOCTOR

Name: .....

Address: .....

Telephone number: .....

## CHILD'S HEALTH

Has your child been immunised against:	Y ES	No	DATE
Diphtheria:	<input type="checkbox"/>	<input type="checkbox"/>	..... /..... /.....
HIB:	<input type="checkbox"/>	<input type="checkbox"/>	..... /..... /.....
Measles, Mumps & Rubella (MMR):	<input type="checkbox"/>	<input type="checkbox"/>	..... /..... /.....
Polio:	<input type="checkbox"/>	<input type="checkbox"/>	..... /..... /.....
Tetanus:	<input type="checkbox"/>	<input type="checkbox"/>	..... /..... /.....
Meningitis:	<input type="checkbox"/>	<input type="checkbox"/>	..... /..... /.....
Whooping cough:	<input type="checkbox"/>	<input type="checkbox"/>	..... /..... /.....

Detail any allergies: .....

Detail any special dietary needs: .....

Please give any other information relating to your child, including medical history, that the nursery should be aware of: .....

I give permission for to my child being given Calpol in an emergency.

(We will always try to contact you before giving Calpol) Signed: .....

I give permission for my child to be taken to hospital in an emergency.

(Parents will always be informed) Signed: .....

## OPTIONAL RELIGIOUS/CULTURAL INFORMATION

It would be helpful, though not essential, if you will tell us your child's religion and any cultural differences you would like us to be aware of: .....

I give permission for my child to appear in a nursery photograph.

(Parents will always be informed) Signed: .....

## DECLARATION

I enclose a £30.00/£90.00 non-refundable registration fee to secure a place on the waiting list of Goldcrest Day Nurseries as indicated on this form.

I have read the Terms and Conditions of the Nursery and the information detailed in the Prospectus and I agree to wholly abide by them.

Signature: ..... Name: ..... Date: ..... /..... /.....

When completed, please return this form to:

Goldcrest Day Nurseries, 12 Runnymede Road, Stanford-le-Hope, Essex, SS17 0JY