## **Tigers Day Nurseries Registration form**

Please complete and return this form to the nursery with the registration for	e of £50.00
Childs full name:	
Date of birth or EDD:	
Home address:	
Postcode:	
Telephone number:	
Father's name:Date of birth:	
Place of work	
& Address:	
Work telephone number:	
Mobile telephone number:	
Email:	
Mother's name:Date of birth:	
Place of work	
& Address:	
Work telephone number:	
Mobile telephone number:	
Email:	
Please indicate which email you would like monthly invoices to be sent:	
Ethnic Origin:	
Religion:	
Any languages spoken other than English:	

Other children in the family:	
Name:D.O.B	•
Name:D.O.B	•
Persons authorised to collect your child:	
Emergency Contacts (in addition to parents and only	y contactable in an emergency)
1. Name:	
Relationship to child:	
Telephone numbers:	
2. Name:	
Relationship to child:	
Telephone numbers:	
Doctor's name:	
Surgery Address:	
Surgery Telephone Number:	
Health Visitor Name:	Contact No:
Please sign below to give consent to apply sun crea	m (provided by parents) to your child:

## **NURSERY REQUIREMENTS:**

	AM	PM
Monday	Y/N	Y/N
Tuesday	Y/N	Y/N
Wednesday	Y/N	Y/N
Thursday	Y/N	Y/N
Friday	Y/N	Y/N

Please indicate if you require a term time only place. Y/N

Please circle the days/sessions you would like

If the sessions required are not available would you consider others? Y/N

Is your child eligible for free Local Authority funded hours? Y/N

## PERSONAL/MEDICAL DETAILS:

Does your child have any allergies, food or otherwise?

Please give details of any dietary requirements below:

Are your child's immunisations up to date? Y/N

Has your child had the MMR vaccine: Y/N

Do you give us permission to seek emergency medical treatment for your child? Y/N

May we take your child out on local trips? Y/N

May we use photographs of your child around the nursery on displays? Y/N

May we use photographs of your child on the website, Tigers Facebook page, in brochures or in any other advertising? Y/N