

REGISTRATION FORM

Child's Full Name as on Birth Certificate: _____ Male / Female
Date of Birth _____ Ethnic Origin _____ Religion _____
Name of Parents or Legal Guardian _____ Parents / Guardian (delete as appropriate)
Address _____

Home tel. _____ Mobile _____
Work. _____ Other _____
Email: _____

Emergency Contact (other than Above) _____ (Name)
_____ (Relationship to child)

Name of whom has legal contact with child _____
Name of whom has parental responsibility _____

MEDICAL HISTORY

GP. _____ Tel no. _____
Health Visitor _____ Tel no. _____

Known Allergies/ illnesses _____

Record of infectious Diseases _____

Vaccinations & Immunisations _____

Any Relevant Medical History / Dietary Requirements _____

Should the necessity arise, I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any urgent medical treatment to be given.

Signed _____ Print _____

Please enrol my child into the Village House Nursery School for intake of:

September Year: _____ January Year: _____ (January intake dependant on
Sessions available, if no sessions available you will be added to September waiting list.)

Important: We do not take children below the age of 2yrs and the waiting list is arranged in age order)
I have read and accept the terms and conditions enclosed.

Signed _____ Print _____

