

Registration Form

Child Details

Child's First Name:		Child's Surname:
Date of Birth:	Boy / Girl	Start Date:
Nationality:	Ethnic Origin:	Age of Child at Start Date:
Religion:	1 st Language:	Festivals Celebrated:
Children will be encouraged to discover & enjoy British and Multi-Cultural Festivals		

Parent / Carer Details

Mother's / Carer One's Title & Full Name:		
Mother's/ Carer One's Address:		
		Post Code:
Home Telephone <input type="checkbox"/> :	Work Telephone <input type="checkbox"/> :	
Mobile <input type="checkbox"/> :	E-Mail Address <input type="checkbox"/> :	
Please tick the above relevant boxes to indicate your preferred form of contact		
Company Name & Work Address:		
		Post Code:
Father's / Carer Two's Title / Full Name:		
Father's / Carer Two's Address (if different from above):		
		Post Code:
Home Telephone <input type="checkbox"/> :	Work Telephone <input type="checkbox"/> :	
Mobile <input type="checkbox"/> :	E-Mail Address <input type="checkbox"/> :	
Please tick the above relevant boxes to indicate your preferred form of contact		
Company Name & Work Address:		
		Post Code:
Name of Person or Persons with Parental Responsibility:		

Nominated Adults for Collection

Full Name:	Collection Password:	Photo <input type="checkbox"/>
Full Name:	Collection Password:	Photo <input type="checkbox"/>
Full Name:	Collection Password:	Photo <input type="checkbox"/>
Please ensure you provide a photo of all nominated adults approved for collecting your child		

Medical Details

Doctor's / Surgery Name:		
Doctor's / Surgery Address:		
		Post Code:
Surgery Telephone:		
Please confirm which vaccinations your child has had:		
Diphtheria <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>	Polio <input type="checkbox"/>
Tetanus <input type="checkbox"/>	MMR <input type="checkbox"/>	HIBS <input type="checkbox"/>

Please confirm if your child has had any of the following illnesses:

Measles	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>

Please confirm if your child suffers from:

Asthma	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Eczema	<input type="checkbox"/>
Fits	<input type="checkbox"/>	Febrile Convulsions	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>

If yes to any of the above, then please give us more details:

Please let us know of any other physical or health problems that your child may suffer from:

Please let us know of any food or drink that your child is not allowed / is allergic to:

Nursery Requirements

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Time					
Full Day					
Morning Session					
Afternoon Session					
Early Birds					
Night Owls					

Please tick as per your child's requirements

Full Day | Monday to Friday 8am till 6pm | Includes breakfast, lunch & tea

Morning Session | 8am till 1pm | Includes breakfast, lunch & tea

Afternoon Session | 1pm till 6pm | Includes tea

Early Birds | 7am till 8am | Includes healthy snacks

Night Owls | 6pm till 7pm | Includes healthy snacks

Signatures

Mother's / Carer One's Signature:	Print Name:	Date:
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Father's / Carer Two's Signature:	Print Name:	Date:
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Nursery Staff:	Print Name:	Date:
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(on behalf of Little Stepping Stones Day Nurseries)

For Staff Use Only Date Reg. Fee Paid:	Deposit Paid: £	Date Paid:
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Data Protection: In compliance with current UK Data Protection legislation, any information you provide here will be kept secure and treated confidentially. The data collected will only be used by Little Stepping Stones Day Nurseries and will not be disclosed to any external sources without your prior consent. From time to time we may wish to contact you in regards to new services. If you do not wish to receive further information from us then please tick this box