



"REGISTRATION FORM"

"PERSONAL"

Child's Name:

Start Date:

Address:

Telephone number:

Date of birth:

Parent/Carer details

Name:

Relationship:

Address:

Telephone Number:

Mobile Number:

2 Emergency contacts

Name:

Name:

Relationship:

Relationship:

Telephone Number:

Telephone Number:

Mobile Number:

Mobile Number:

"HEALTH"

Family Doctor:

Telephone:

Surgery Address:

Health Visitor:

Clinic Telephone

Clinic Address:

"CHILDHOOD ILLNESS/ALLERGIES"

Please give details of your child's illnesses, allergies etc and **Keep us updated**

Please give details of your Childs immunisations and inform staff of each inoculation and_keep us up to date with any "new" immunisations such MMR etc. The nursery cannot care for unwell children on a one-to-one basis, please make sure you have alternative childcare in the event of your child being unwell.

"ADMINISTRATION"

Please state an approximate time that your child will be:

Dropped off at nursery

Collected from Nursery

Parents/Guardians signature:

Date:

"OUTINGS/ACCIDENTS"

I agree that a responsible person may take my child out of the nursery singly, or in a small group. I agree that in the event of an accident my child may be taken straight to hospital if I cannot be contacted.

I understand that in the event of loss or damage to my child's property, The Edinburgh Nursery cannot be held responsible.

Please note: One month's written notice is required for your child's removal from the Nursery or payment in lieu. Please do not hesitate to contact the nursery staff.

Parents/Guardian's signature:

Date:

Languages Spoken at Home/Nursery

It is useful for the Nursery to know if your child speaks a different language at home and if English is not their first language. Please indicate the language spoken at home: