



CHARLTON NURSERY
taking care - with education



Registration form

Full name of child

Date of birth Preferred Name

Address

Telephone

Child's position in family

Which Setting? Flax Bourton Wraxall Imperial Tobacco

Please place ticks in the appropriate spaces: (Please note that babies attending our Snowdrop room are not eligible for half days)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mother's name Mrs/Miss/Ms/Dr Mobile No.

Mother's place of work Telephone

Father's name Mr/Dr Mobile No.

Father's place of work Telephone

Please provide name and telephone number of an alternative person to be contacted during nursery hours in the case of an emergency

Name

Relationship to child Telephone

Name and address of your child's doctor

 Telephone

Health visitor

 Telephone

Is your child's immunisation programme up to date? Yes / No

If not, please give details



Please give details of any allergies or disabilities (eg, hearing or speech difficulties)

Please list any food dislikes or intolerances

We respect all religions and we are committed to an equal opportunities policy. Are there any issues relating your child's culture, religion, language or race that you may wish the nursery to be aware of whilst providing care for your child?

Is there anything else you think we should know about your child, eg, any comforts (blankets, teddies)?

In the event of illness could you please indicate if your child can be given Calpol. Yes / No

In the event of an accident could you please indicate if your child can be given a plaster. Yes / No

Please note that children will only be released to parents or legal guardians, except by prior arrangement.

If we have serious concerns relating to the welfare of the children in our care we have a legal obligation to inform the relevant Social Services Department.

Should any urgent matters of concern arise, by signing this form you give permission for your child to be given emergency treatment as necessary and/or contact to be made with the appropriate medical/health/social service authorities.

I give permission for my child to leave the nursery grounds for walks accompanied by a member of staff.

SIGNED (PARENT/LEGAL GUARDIAN)

Date

Date I wish my child to start the nursery

Please complete this form in block capitals and return it together with your £75 registration fee, to the relevant address.

Cheques made payable to Charlton Nursery Limited.

Please notify us immediately of any changes to the information given.

Charlton Nursery Limited

49 Charlton Drive, Wraxall, Bristol BS48 1PF t 01275 810 304

www.charltonnursery.co.uk