

Office only

Contract sent		Contract returned		Reg fee & deposit paid	
On schedule		File created		KPI's complete	
Copy of child's passport or birth certificate				Copy to Fire Evac file	



## REQUEST FOR REGISTRATION

### Childs details

Forename(s):	Surname:
Gender:	Date of Birth:
Ethnic Origins:	First Language:

### Parent/Guardian details

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Relationship to child:	Relationship to child:
Address - (contactable address)	Address - (if different)
Is this your child's registered address: YES / NO	Is this your child's registered address: YES / NO
Home No:	Home No:
Work No:	Work No:
Mobile No:	Mobile No:

Parent 1 email	
Parent 2 email	

### Session pattern

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

Please circle the sessions you wish to reserve. You will be contacted to inform you that the sessions you requested are available. If the sessions are not available, we will contact you and discuss any other possible alternatives. Please see note below re confirmed sessions.

Minimum of 2 full days or 4 half days (half days are subject to Manager's discretion and availability) is required.

Required start date:

# Request for Registration

Please note: To allocate a space we require the "Request for Registration" form to be fully completed. When a space has been allocated you will receive a copy of your Parent Contract with our Terms and Conditions as confirmation of registration in principle. This Contract must be fully completed and returned together with your registration fee (in cash), and a copy of your child's passport or birth certificate (not original). **Your child will not be fully registered and cannot start attending nursery until these forms have been returned to us fully completed with your registration fee.**

## Emergency contact (other persons authorised to collect child)

Emergency Contact 1 (other than Parent/Guardian)	Emergency Contact 2 (other than Parent/Guardian)
Name:	Name:
Relationship to child:	Relationship to child:
Home No.	Home No.
Work No.	Work No.
Mobile No.	Mobile No.

By providing the above information on behalf of your emergency contacts you have confirmed that they agree to our Privacy Statement.

Photo ID and password must be provided each time

You must provide us with written confirmation or a telephone call on the day to inform us of any changes in the collection procedure i.e. any other person than those stated above arriving to collect your child. Photo ID and password must be provided. Any person not expected on the day will be refused access to the nursery and your child.

## Security details

Password:	
Prompt:	

\*Please be aware that voucher companies may take up to 12 weeks to set up a new account. Whilst this process is taking place it will be your responsibility to ensure your invoice is paid by another method on the invoice due date.

**By returning this request for registration form all named contacts have agreed to our Privacy Statement which can be found on our website.**

# Request for Registration

## Medical Details

Doctors name:	
Surgery name and address:	
Postcode:	Telephone No:
Immunisations received	
Any allergies - (please include a brief description of signs and symptoms)	
On-going medication	
Health problems	
Special dietary requirements (use separate page if needed)	

## Health Visitor

## Dentist

Name:	Name:
Surgery name and address:	Surgery name and address:
Postcode:	Postcode:
Telephone No:	Telephone No:
Email:	Email:

**Thank you for choosing Duchess Nursery Steventon to care for your little one/s, just one more thing before you send your forms in....**

### WHERE DID YOU HEAR ABOUT US?

We would really appreciate some feedback on where you heard about us. Please can you outline this below. Many thanks in advance.

