

Georgie Porgies



Child registration

Child's Details		
Child's Full Name:		Desired Start Date:
Child's Preferred Name:	Date of Birth:	Male/Female
Ethnic Origin:	Religion:	
Child's 1st Language:	Parent/Carer's 1 st Language:	
Home Address:		
Post Code:		Tel. No.:
Details of Parent/Carer 1		
Name:		
Home Address:		
Post Code:		
Home Tel. No.:	Mobile Tel. No.:	
Place of Work:	Works Tel. No.:	
Details of Parent/Carer 2		
Name:		
Home Address:		
Post Code:		
Home Tel. No.:	Mobile Tel. No.:	
Place of Work:	Works Tel. No.:	
Alternative Emergency Contact		
Name:		
Home Address:		
Post Code:		
Home Tel. No.:	Mobile Tel. No.:	

Child's Medical/Dietary Details					
Child's Doctor			Tel. No.:		
Address:					
Vaccinations to Date:		<input type="checkbox"/> Whooping Cough <input type="checkbox"/> Diphtheria		<input type="checkbox"/> Tetanus <input type="checkbox"/> Hib	
<input type="checkbox"/> MMR <input type="checkbox"/> Booster					
Please specify any allergies/medical conditions:					
Please specify if your child has any special needs:					
Please specify any dietary requirements:					
Please state the sessions which you would like your child to attend:					
	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"/>
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the event of an emergency I/we give permission for Georgie Porgies Nursery to seek medical advise or emergency medical treatment for my/our child.					
I/we have read and understood the nursery terms and conditions and agree to be bound by them.					
A registration fee of £..... is enclosed herewith.					
Parent/Carer; Print name: Signature:					
Date: / /					
Evidence D.O.B: Seen: Signature:					
Date: / /					
(Birth Certificate/Red Health Book/Passport)					