

Georgie Porgies



Child Registration Agreement

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:	Whooping Cough Diphtheria	Tetanus Hib
		MMR 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	
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.		
We have read and understood the nursery terms and conditions including General Data Protection Regulations paragraph and agree to be bound by them. Please Sign.		
1. Parent/Carer	2. Guarantor	
A registration fee of £..... is enclosed herewith.		
Parent/Carer; Print name: Signature: Date: / /		
Guarantor: Print name Signature: Date: / /		
(Birth Certificate/Red Health Book/Passport)		