



MUDCHUTE FARM DAY NURSERY

REGISTRATION FORM

FOR OFFICE USE ONLY

Registration Fee: CASH BACS CHEQUE

Payment Date: Payment Ref#:

Start Date: Induction Date:

Days: Pack sent:

Please tick days required:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred start date:

Child's Details

Forename(s):

Surname:

Date of Birth:

Boy

Girl

Home address:

Post Code:

Brother's and / or sister's names and ages

Does your child have any allergies (including animals) health problems or dietary requirements?

Responsible Primary Carers

Relationship to child:

Relationship to child:

Name:

Name:

Home tel no:

Home tel no:

Work tel no:

Work tel no:

Mobile tel no:

Mobile tel no:

Work Address:

Work Address:

Email (for invoicing and updates):

Email (secondary):

CHILDRENS ACT 1989

Under the 1989 Children's Act the staff at Mudchute have a legal obligation to ensure and to be responsive to the children's overall welfare at all times.

I have read and fully understand Mudchute Farm Day Nursery's terms and conditions.

Parent / Carer's Printed Name:

Date:

We will accept a printed signature at registration. We will require a handwritten signature upon acceptance to the nursery:

Parent / Carer's Signature:

Date:

Legal Responsibility and Contact Details

Who has **Parental Responsibility** for your child?
eg the parent/carer who is your child's main carer(s)
Name/s:

Who has **Legal Contact** with your child?
eg a parent who lives at a different address
Name/s:

Name(s) of those authorised to collect your child:

Other contact names and tel no:

Password used for collection of child:

(This is important: if you are unable to collect your child, your password will be used by your friend, relative, nanny to collect your child if staff have never met them before.)

Doctor's name, address and tel no:

Health visitor's name and tel no:

Is your child registered with a dentist? YES / NO

Is your child up-to-date with their Immunisations / Vaccinations? YES / NO

Will you give your permission for us to take your child on outings under statutory supervision?
YES / NO

I would like to receive information about The Mudchute Association's events, products and services via e-mail. *(I can unsubscribe at any time)* YES / NO

Language/s spoken at home:

Ethnicity (Please specify)

Asian Bangladeshi	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black African Other	<input type="checkbox"/>	Black African Somali	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Greek/Cypriot	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>	Mixed White-Asian	<input type="checkbox"/>	Mixed White-Black African	<input type="checkbox"/>	Mixed White-Black Caribbean	<input type="checkbox"/>
Other	<input type="checkbox"/>	White British	<input type="checkbox"/>	White European	<input type="checkbox"/>	White Other	<input type="checkbox"/>

Documentation that needs to be seen by the Nursery before admission:

- Child's Birth Certificate
- Proof of Address

Other Information:

Details of any other settings or childcare attended:

Details of any other agencies or professionals working with your child and their role:

Is there any other information which may help us when caring for your child? eg What your child likes, what their fears may be, any special words they use, what comforters they may need and when? Routines at home?

I hereby confirm that all of the information that I have provided is correct, I have read, fully understand and will adhere to the contents of the prospectus and terms & conditions of Muddy Boots Nursery

Parent / Carer's Printed Name:

Date:

We will accept a printed signature at registration. We will require a handwritten signature upon acceptance to the nursery:

Parent / Carer's Signature:

Date:

Manager's Signature:

Date:

This page is optional

How did you hear about our Mudchute Farm Day Nursery? Please tick appropriate box.

Magazine	<input type="checkbox"/>	Children's Info Service	<input type="checkbox"/>	NHS Staff Info	<input type="checkbox"/>	Flyer	<input type="checkbox"/>
Website	<input type="checkbox"/>	Recommendation	<input type="checkbox"/>	Sign outside	<input type="checkbox"/>		

If other please state:

Did you look at any other nurseries? If yes, then please name:

Why did you choose Mudchute Farm Day Nursery?