



REGISTRATION FORM

CHILD'S DETAILS		WHERE DID YOU HEAR ABOUT US?	
CHILD'S SURNAME:		FIRST NAMES IN FULL:	
DATE OF BIRTH:	AGE	BOY/GIRL*	RELIGION
ETHNIC ORIGIN:	LANGUAGE USED AT HOME:		
CHILD'S ADDRESS:			
POST CODE:	HOME TELEPHONE NUMBER:		

PARENT'S DETAILS			
MOTHER/GUARDIAN (SURNAME/FIRST NAME):MRS/MS/MISS			
DAYTIME TELEPHONE:		PLACE OF WORK	
WORK TELEPHONE		MOBILE TELEPHONE NO:	
FATHER/GUARDIAN (SURNAME/FIRST NAME):			
DAYTIME TELEPHONE :		PLACE OF WORK	
WORK TELEPHONE:		MOBILE TELEPHONE NO:	

EMERGENCY CONTACT DETAILS			
OF PERSON WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY IF WE CANNOT CONTACT MOTHER/FATHER			
NAME:		RELATIONSHIP:	
TELEPHONE No:		MOBILE NO:	

MEDICAL DETAILS			
DOCTOR'S NAME:		TELEPHONE NO:	
SURGERY ADDRESS:			
KNOWN ALLERGIES:			
SPECIAL DIETARY REQUIREMENTS:			
MEDICATION /ANY OTHER INFORMATION:			

CARE REQUIRED PLEASE TICK SESSIONS REQUIRED:		
CIRCLE NURSERY REQUIRED	BARN	HILL
NB: IF YOU REQUIRE A FULL DAY SESSION (8.00AM – 6.00PM) PLEASE TICK BOTH BOXES.		
DAY	MORNING (8.00AM-1.00PM) <small>INCLUDES MID MORNING SNACK & LUNCH</small>	AFTERNOON (1.00PM-6.00PM) <small>INCLUDES TEA</small>
MONDAY:		
TUESDAY:		
WEDNESDAY:		
THURSDAY:		
FRIDAY:		
REQUIRED STARTING DATE:		

I/we wish to register my/our child for the above sessions. I/We enclose a £50 registration fee (cheques payable to BLUEBELL HILL CHILDREN'S NURSERY) which will be deducted from the final month's fees provided that one month's written notice has been given. I agree that once a place has been booked for my child, I will be bound by the terms and conditions of the nursery as provided with this form. I/ We understand that the £50 registration fee will be retained by the nursery if the place is cancelled to cover administration costs.

SIGNED: _____ PARENT/GUARDIAN DATE: _____

SIGNED: _____ PARENT/GUARDIAN DATE: _____