



**Nursery Registration Form**

Child's first name(s)..... Surname .....

Date of Birth .....

Address:.....

..... Tel No. ....

Religion ..... First Language .....

Ethnicity .....(White UK/White Other/Black Caribbean/ Black African/ Black Other/Indian/Pakistani/Chinese/Other)

Country of Birth:..... Nationality: .....

Emergency Contact Number .....

Names of Parent(s)/Carer(s).....

Doctor.....Tel No. ....

Name and dob of other children under 5 years.....

Names of children already attending school .....

Special information (i./e asthma, eczema, allergies, custody arrangements).....

**To be completed during Home visit**

1. Has your child attended recent development checks?.....
2. Has your child ever been referred for hearing difficulties, speech therapy or other medical appointments?.....

I give consent to my son/daughter:..... taking part in normal school activities organised to take place outside the school premises. I also consent to medical or such surgical treatment deemed necessary by a qualified medical practitioner or to first aid being administered in the case of my son/daughter if an emergency should occur at a time when my consent to the particular treatment cannot otherwise be obtained.

Birth certificate seen .....date .....

Country of birth as shown on birth certificate .....

Father's date of birth ..... Mother's Date of birth .....

Signed .....Parent/legal guardian