

**First Steps
Private Day Nursery Ltd.**

Registration Form

Personal Details:

Fill name of child

Male / Female

Home Address

.....

.....

Home Tel. no.

Date of Birth

Mother's Name

Mother's Employer

Work Tel. no

Mobile no

Father's Name

Father's Employer

Work Tel. no

Mobile no

Family Doctor Tel. no.....

Relatives/Friends Tel. no.....

..... Tel. no.....

Your Password

Religion

Immunisation

Diphtheria, Polio, Tetanus, Whooping Cough, Hib.?

2 months yes/no

3 months yes/no

4 months yes/no

Measles, Mumps, German Measles?

12 - 18 months yes/no

Pre-school Booster (Diphtheria, Polio, Tetanus)?

4-5 Years yes/no

Does your child suffer from convulsions or any other childhood illness? Yes/no

If yes, please give details:

Please give full details of any allergies or other medical conditions:

Private Day Nursery

Registration:

Please Tick	Morning 7.30 a.m. - 1.00 p.m.	Afternoon 1.00 p.m. - 6.00 p.m.	Full Day 7.30 a.m. - 6.00 p.m.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday Open:	N/A	N/A	8.00 a.m. - 4.00 p.m.
Saturday			

I hereby give permission for a member of staff to escort my child to the doctor / hospital in an emergency.

Signature:

I have read and understood the conditions and agree to abide by them.

Signature:

Name of Child: (Please Print)

Start Date Required

I understand that 4 weeks notice in writing is necessary by either party for the termination of a Nursery Place, or one months fees in lieu of notice. **Signature:**

We reserve the right to terminate the agreement immediately in cases of misconduct.

Non-refundable Retainer fee £25 received on: