

**First Steps Nursery  
Registration Form  
Ante-Pre School Year 2019 / 2020**

Childs Full Name .....

Date of Birth .....

Birth Certificate Number .....

Home Address .....

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Home Telephone Number .....

Name of 1st Parent / Guardian .....

Home Address .....

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Mobile Number ..... Work Number .....

email address .....

Name & Address of Employer .....

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Name of 2nd Parent / Guardian .....

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Home Address .....

.....

Mobile Number ..... Work Number .....

email address .....

Name & number of person to be contacted in an Emergency

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.....

Number of sessions required (Maximum 5) .....

(This can be mornings / afternoons , full days or a combination)

Have you registered at another Nursery      Yes      No

If Yes name of Nursery .....

Is this a split Place                      Yes                      No

Does your child have any Medical Conditions?      Yes      No

If Yes please describe .....

Any Special Dietary needs?      Yes      No

If Yes Please describe .....

Any Allergies      Yes      No

If Yes Please Describe.....

Child's Doctors Practice? .....

Doctors Telephone Number .....

Health Visitors Name .....

Health visitors Telephone Number .....

Child's Origin .....

Child's First Language .....

Child's Religion .....

Any other concerns .....

Child's Intended Primary School .....

Signature of 1st Parent / Guardian ..... Date .....

Signature of 2nd Parent / Guardian ..... Date .....

FOR OFFICE USE

Proof of Birth Certificate seen      Yes      No

Proof of address seen      Utility Bill      Council Tax Bill      Passport      Other