

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

Childs Full Name

Date of Birth

Birth Certificate Number

Home Address

.....

.....

Home Telephone Number

Name of 1st Parent / Guardian

Home Address

.....

Mobile Number Work Number

email address

Name & Address of Employer

.....

Name of 2nd Parent / Guardian

.....

Home Address

.....

Mobile Number Work Number

email address

Name & number of person to be contacted in an Emergency

.....

.....

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