

REGISTRATION INFORMATION

Please fill in the details on this form in block capitals and return it to: Judith Bicknell, Station Road, Worsted, North Walsham, NR28 9SA. Tel: 01692 400995, Fax: 01692 400994, Email enquiries@rainbow-nursery.org

Once we are in receipt of the form we will then contact you to advise on the availability, and arrange a visit to our nursery if you have not used Rainbow's childcare facilities before. Places cannot be guaranteed until a deposit has been received.

ABOUT YOUR CHILD

Today's Date

Forenames Surname

Child's Date of Birth Desired Date of Entry

If you wish to secure this place could you please tick this box and include a non-refundable deposit of **£100** or **4 weeks** sessions (whichever is the lower). This will then be taken off your contract once you start.

ABOUT YOU

Title Forenames Surname

Relationship to Child

Home Address

..... Post Code

Tel No (w/STD) Home Work.....

EMERGENCY TREATMENT

In the event of an emergency and the nursery is unable to contact you or any of your representatives we request **you sign below** to indicate that the nursery may authorise emergency treatment from medical specialists. (eg A doctor, surgeon, nurse or paramedic)

Signed:

EMERGENCY CONTACTS

EMERGENCY CONTACT 1: Name, address and relationship

.....
.....

Relationship Contact No

EMERGENCY CONTACT 2: Name, address and relationship

.....
.....

Relationship Contact No

Requested times for attendance:

Monday Tuesday

Wednesday Thursday
Friday

CHILD'S DOCTOR

Name Tel No (Include STD)
Address
.....
..... Post Code

CHILD'S MEDICAL HISTORY

Has your child had the following childhood illnesses: (* Please delete as appropriate)

Measles.....YES / NO* Mumps YES / NO* RubellaYES / NO*
ChickenpoxYES / NO* Whooping Cough YES / NO*

Has your child be **immunised** for any of the following:

Diphtheria.....YES / NO* Tetanus YES / NO* Measles.....YES / NO*
Poliomyelitis ..YES / NO* Whooping Cough YES / NO*
Measles, Mumps and Rubella YES / NO*

Date booster immunisation received

Does your child have special needs, require regular medical attention, have any allergies, food dislikes or intolerance, if yes please give detailsYES/NO*

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Are there any medical, religious, cultural or dietary requirements you would like us to observe, if yes please give detailsYES/NO*

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Is there anything else you would like us to know about your child

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SECURITY

SIGNATURE OF PERSON WHO USUALLY COLLECTS CHILD, ie Parent/Carer:

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In the interests of the security of the children in our care, we will not, under any circumstances, allow your child to be picked up by anyone other than the persons identified above and below. **If you envisage the need to have someone else** (husband, wife, mother, friend etc) collect your child from time to time please identify him or her below and ask him or her to provide a sample signature.

Name, relationship to child and usual signature of first authorised person

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Name, relationship to child and usual signature of second authorised person

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