

## Registration form

Name:	
Date of birth:	
Address:	
Home telephone :	Mobile:
First contact:	
Home telephone :	Mobile:
Second contact:	
Home telephone :	Mobile:
Name of GP:	
Surgery Address:	
GP Telephone number:	
Health Visitor:	
Immunisations:	
Allergies, phobias or health aspects that we should know about	
Is he/she receiving any long term medication?	
Does your child have any dietary requirements?	

During your child's time here at nursery we may take photos for development folders and displays, advertising purposes.

I give permission for my child ..... to have their photo taken

Signed .....

Should the children and staff leave nursery (for walks etc) I give permission for my child to take part on the strict understanding that they are supervised to a safe ratio.

Signed .....

At Acorns we have a wide inclusion policy that states that all children will be able to access all opportunities regardless of gender ability race, religion and beliefs, should you have any needs referring to this please express them here

In the event of emergency treatment concerning my child's health, I grant permission for suitable treatment to be given as necessary

Signed .....

All about me (tell us about your favourite things, family and activities).

Intended start date:	
Sessions required:	
Lunch required	Yes/ no

By signing this form I agree to the terms and conditions as stated in our policies. I agree to inform nursery of any changes to contact numbers and inform us of any matters relating to the welfare of your child.

I agree to pay any fees due promptly and will give one months written notice if I intend to leave nursery or pay any fees in lieu of notice.

Signed .....

Date .....