

REGISTRATION DETAILS UPDATE FORM

We are currently in the process of updating our records.
We would be very grateful if you could fill out and return this form.

Child's Information

Name _____
Date of Birth: _____
Address: _____
Post Code: _____
Home Telephone Number: _____
E-mail Address _____

Day Contacts

Parent's Name (Mother): _____
Mobile Number: _____
Work Number: _____
Parent's Name (Father): _____
Mobile Number: _____
Work Number: _____
Other Contact: _____
Home Number: _____
Mobile Number: _____
Work Number: _____
Who has: parental responsibility? _____
Any restrictions to legal contact? _____

Medical Information

Doctor's Surgery: _____
Phone Number: _____
Health Visitor (if applicable): _____
Phone Number: _____
Any regular medication? _____

Does your child have any allergies or medical conditions we should be aware of?

Days

Please tick the sessions below that your child attends the nursery.

MONDAY	AM <input type="checkbox"/>
	PM <input type="checkbox"/>
TUES	AM <input type="checkbox"/>
	PM <input type="checkbox"/>
WEDS	AM <input type="checkbox"/>
	PM <input type="checkbox"/>
THURS	AM <input type="checkbox"/>
	PM <input type="checkbox"/>
FRI	AM <input type="checkbox"/>
	PM <input type="checkbox"/>

Outings and Walks

If outings and walks are arranged, I consent to my child leaving the nursery either for a walk or being taken out by public or private transport.

Signed

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Print Name: _____

Signed: _____

Date: _____