

Registration Form.

Child's Name:

Date of Birth:

Child's Address:

.....

Home Telephone Number: Email address:.....

Mothers name: Father name:.....

Person/persons with legal parental responsibility:.....

Who has legal contact with the above named child?:.....

1st Contact No: Name:.....

2nd Contact No: Name:

3rd Contact No: Name:.....

Child's Doctor's Name:

Address & Tel:

.....

Allergies/Important information:

.....

Names of people NOT permitted to collect your child:

.....

Registration Fee £40.00 <input type="checkbox"/> PAID

Government Funded child only: Option One : <input type="checkbox"/> Option Two: <input type="checkbox"/> Please state which days you require ----- -
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CONSENT FORM-PART 1

I give my consent for my child(ren) to receive necessary emergency medical and dental treatment, and for an anaesthetic to be administered for an operation if needed.

I understand that this is only to be used in a situation where the nursery staff is unable to contact a parent/guardian.

NAME OF CHILD.....

PARENT'S NAME.....

ADDRESS.....

TEL No.....

SIGNED.....

Please give details any allergies or medical conditions you feel we need to be informed of, e.g. diabetic, epilepsy, asthma, and convulsions

.....
.....

If you have any religious considerations please give details

.....
.....



CONSENT FORM-PART 2

I hereby give my consent for my child to be taken on a local visit where transport is not necessary. eg local shops or parks.

Parent signature.....

Occasionally children are photographed for local press events or by students to be part of their course work; I hereby give my consent for my child to be included in these photos.

Parent signature.....

Sometimes at nursery a child may fall and graze themselves, to protect from infection: I hereby give my consent for a plaster to be applied.

Parent signature.....

Humpty Dumpty Nursery is not liable for any loss or damage to any item of clothing or property bought onto the premises



AGREEMENT BETWEEN NURSERY AND PARENTS

One copy of this agreement is to be kept by the parent and one by the Nursery.

Name of Child _____

Address _____

Tel No _____

Name of Parents _____

Name of Nursery *Humpty Dumpty Nursery*

Address *Bilton Infant School, Magnet Lane, Bilton, Rugby.*

Tel No. *01788 521038*

Name of Nursery Supervisor *Louise Flanagan*

Fee per Session _____ To be paid in advance

Fees will be charged in the event of absence. Nursery Fees are reviewed annually.

Please Note: **The nursery cannot look after sick children, therefore if your child is ill, please keep him/her at home.**

Date the agreement is to begin _____

Signed (Parents) _____

Date _____

Signed (Nursery Supervisor) _____

Date _____



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Signed (Nursery Supervisor) _____

Date _____