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## Registration Form

## **Family Details**

Child's Surname:	First Name:	DOB:
Mothers/Carer Surname	:	
First Name		
Tel: Home:	Mobile:	Work:
Mothers Email address		
Mothers Occupation:		
Mothers home address:		

Fath	ers/Carer Surname: _		_
First	Name:		
Tel: Home: Work:			
Fath	ers Email:		
Fath	ers Occupation:		
Fath	ers home address (if	different)	
If w	e cannot contact to ou can give us.		d as many different contacts
(1)	Name:	Tel. No:	
	Relationship to ch	ild	
(2)	Name:	Tel. No:	
	Relationship to ch	ild	
(3)	Name	Tel No:	
	Relationship to ch	ild	
<u>Heal</u>	th & Medical Inform	ation_	
Nam	e of Child's GP:		
Addı	ress:		
Tel N	No:		
Nam	e of Child's Health	isitor:	Tel. No:
Imm	unisations/Vaccinati	ons:	

Diphtheria	Tetanus	Whooping Cough		
Measles	Mumps	Rubella		
HIB	Polio	rolio		
Allergies:				
Medical Conditions	<b>3:</b>			
Medical Emerge	ncy:			
	permission is request al advice or treatmer	ed to the seeking of any necessary	y	
Sign here to cons	sent:			
		uirements or preferences?		
Special Information behavioural needs	<u>1- does your child have</u>	any social, emotional or/and		
Does your child have	e any cultural needs?			
What is your child's	first language at home .			
What other language	does your child speak:			
Any other cultural ne	eeds			
Any further informat	ion that you would like	the day care staff to be aware:		
Be taken on supervis	_	Yes / No		
To be taken to socia	e taken on public transport Yes / No e taken to social groups Yes / No			
To have their photog	o have their photograph taken Yes / No			

To have their image appear on social media To have their photograph in Newspapers Sun cream to be provided by the parent and administered by staff Help with toileting	Yes / No Yes / No Yes / No Yes / No
Has your child attended any other nurseries? below:	? Please name the nurseries
1.	
2.	
3.	
Sign here to give permission for Fiona Harcourt to	contact the nursery if required.
Sign:	
Print name:	
Transition to school: Your child's new school teacher will phone to speak to child in nursery, by signing your nursery contract you h with your child's teacher if you do not wish for us to spesensitive information (on a needs to know basis) then pl Harcourt.	ave given permission for us to speak eak to your teacher or to discuss any
I give permission for the nursery to speak to my chinformation about my child.	ild's school teacher and to share
I/We have been informed and agree to the setting Statement of Purpose.	s policies, procedures and
I/We have been informed about the arrangements setting.	in regards to the pets kept at the
I/We give permission for emergency medical treatments	ment or advice to be sought
Signed:Parent	

Date:

Regi	stration Details				
Sessions required by your Child:					
Brea	kfast club: Name	of school and y	ear group	• • • • • • • • • • • • • • • • • • • •	
After	r school club: Nar	ne of school and	d year group		
Holid	day club:				
NUR	RSERY: FULL DA	AY/ SCHOOL I	DAY/ MORNING/A	AFTERNOON	
	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					
	you would like y dren MUST be tw		rt Cranford Nursery ore they start:	School.	
Par	ent Consent:				
I hav		ad, understood	ns of the nursery d and agree to the rsery.	-	-
Please sign here to consent:					

Please print name:

## NAMES OF PEOPLE AUTHORISED TO COLLECT YOUR CHILD

Name of person/s to collect child:	
Is there any person your child may not have contact with?	
provider to complete	
Agreement start date:	
Agreement End Date:	
Agreement Review date:Staff sign:	