

**DAY NURSERY**

 **CHANDLER’S FORD**

REGISTRATION FORM

To be completed as far as possible by Parents/Guardians and returned to Nursery

CHILD’S NAME…………………………………………………………………………………………………………...

HOME ADDRESS………………………………………………………………………………………………………...

………………………………………………………………………………………………………………………………

DATE OF BIRTH………………………………………………………………………………………………………….

CHILD’S FIRST LANGUAGE……………………………………………………………………………………………

TELEPHONE NUMBER………………………………………………………………………………………………….

MOTHER’S NAME………………………………………………………………………………..................................

MOTHER’S PLACE OF WORK…………………………………………………………………………………………

TELEPHONE NUMBER………………………………………………………………………………………………….

FATHER’S NAME………………………………………………………………………………………………………...

FATHER’S PLACE OF WORK………………………………………………………………………………………….

TELEPHONE NUMBER………………………………………………………………………………………………….

E-MAIL ADDRESS……………………………………………………………………………………………………….

WHO TO CONTACT IN EMERGENCY………………………………………………………………………………..

FULL DAYS……………………………… HALF DAYS………………………………

I CAN BEFLEXIBLE ON DAYS START DATE…………………………….

An up to date history of vaccinations, allergies and medical problems will be required before your child starts nursery.