

Registration Form

Personal Details

Child's Name:	Fathers Name:
D.O.B:	Work name and Address:
Home Address:	
	Work Tel. No:
Home Tel. No:	Mobile No:
Home Email Address:	Fathers email address:
1 st Emergency contact:	Mothers Name:
Relationship to child:	Work Name and Address
Tel. No:	
	Work Tel. No:
2 nd Emergency contact:	Mobile No:
Relationship to child:	Mothers email address:
Tel. No:	
Child's religion or beliefs:	

Sessions

Please tick which days you require:	Mon	Tue	Wed	Thur	Fri	Comments:
Full day 7.30-6						
Proposed start date.....						

Medical contacts and details

Health visitor	
Tel. No:	
Does your child have any allergies?	Yes/No (please circle) If yes, please give details of cause and reaction.
Does your child have any special dietary requirements?	Yes/No (please circle) If yes please give details.
Is your child up to date with immunisations?	Yes/No (please circle)
Any other details we should know about?	

I agree to pay nursery fees on the 27th of each month, in advance, and also give one months notice in writing in termination of my child's placement or pay one month's fees in lieu of termination. I confirm that these details are correct and agree to inform the nursery in writing should any of these change.

Parent/Guardian signature..... Date.....

For Office use only:

() £100 Deposit received Cash/Chq Date..... () Terms and conditions returned Date.....
 () Confirmation letter sent Date..... () Added to records Date.....

In signing this document of registration for my/ our child at Jigsaw Childcare, I/we have read, understood and agree to the terms and conditions contained overleaf. Please also sign the declarations below regarding medicine, photographs and outings whilst at Jigsaw Childcare.

Parent/ Guardian 1 Signature: _____ **Date:** _____

Parent/ Guardian 2 Signature: _____ **Date:** _____

I/we hereby give permission for staff at Jigsaw Childcare to administer Calpol and other medicines in which I/we have requested and supplied.

Signature _____ **Date** _____

I/we authorise the staff at Jigsaw Childcare to take my/our child on walks out with the nursery premises around the neighbouring areas, ie parks

Signature _____ **Date** _____

I/we agree to photographs of my/our child being taken and used for the sole purpose of internal developmental records and wall displays within the playrooms.

Signature _____ **Date** _____

I/we agree for my/our child to eat their home bake products at nursery snack time along with a selection of fruit.

Signature _____ **Date** _____