

Alba-Early Years Day Nursery

London Playing Fields Pavilion
Birkbeck Avenue, Greenford
UB6 8LS

Phone: 020 8575 9215

Email: info@alba-earlyyears.co.uk

Nursery Registration Form

Child's Name: (BLOCK CAPITALS)

Name known as:.....

Date of Birth:..... Gender:.....

Parent 1

Parent 2

Name:.....

Name:.....

Relationship to the child:

Relationship to the child:

Occupation:

Occupation:

Home Address:.....

Home Address:.....

.....

.....

.....

.....

Work Address:.....

Work Address:

.....

.....

.....

.....

Home No:.....

Home No:.....

Work No:.....

Work No:.....

Mobile No:.....

Mobile No:.....

E-mail:

E-mail:

Does mother have parental responsibility? 1..... 2.Legal access to the child.....

Does father have parental responsibility? 1..... 2.Legal access to the child.....

Who does the child usually live with?.....

Does anyone other than mother/father have parental responsibility.....

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Other Children in the family:

Name	Age	Name	Age

Does your child have any dietary needs, preferences or allergies?

.....
.....
.....

How would you describe your child's ethnicity or cultural background?

.....

What is the main religion in your family?

.....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while they are in the setting?

.....
.....

What languages are spoken at home?

.....

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?

.....

Does your child have any special needs or disability?

.....

What special support will they require in the setting?

.....

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Medical Requirements

GP Name:..... Telephone No:.....

Address:.....

.....

Immunisations – Please give dates of your child’s immunisations

Age	Immunisation	Date given
2 months	Diphtheria, Tetanus, Pertussis, Polio and Hib (1 injection) Pneumococcal (1 injection)	
3 months	Diphtheria, Tetanus, Pertussis, Polio and Hib (1 injection) Meningitis C (1 injection)	
4 months	Diphtheria, Tetanus, Pertussis, Polio and Hib (1 injection) Pneumococcal (1 injection) Meningitis C (1 injection)	
12 months	Hib and Meningitis C (1 injection)	
13 months	Measles, Mumps and Rubella-MMR (1 injection) Pneumococcal (1 injection)	
3 yrs and 4m	Diphtheria, Tetanus, Pertussis, Polio and Hib (1 injection) Measles, Mumps and Rubella-MMR (1 injection)	

Please provide the name of two emergency contacts that can collect your child at short notice if unwell

1: Name:..... Telephone No:

Address:.....

Relationship to child:.....

2: Name:..... Telephone No:

Address:.....

Relationship to child:.....

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**Persons authorised to collect the child (must be over 16yrs of age)
other than parents:**

Name: Telephone No:.....

Address:.....

Relationship to child:.....

**Password for
collection:**.....

Days and times of attendance:

	MON	TUES	WED	THURS	FRI
a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligible for 2 year old funding	15 hours	<input type="checkbox"/>	
Eligible for 3 or 4 year old funding	15 hours	<input type="checkbox"/>	30 hours <input type="checkbox"/>

Monthly Fees

Agreed:.....

Starting Date and

Time:.....

Deposit and Date

paid:.....

Parent 1 Name:..... Signed:.....

Parent 2 Name:..... Signed:.....

Manager Name:..... Signed:.....

Date:.....

Birth certificate seen

Signed:.....