



Registration Form

Child's full name _____

Child's date of birth _____

Address _____

_____ Postcode _____

Phone number (home) _____

Name of Mother _____

Email address _____

Mother's employer _____

Employer's address & phone number _____

_____ Postcode _____

Name of Father _____

Email address _____

Father's employer _____

Employer's address & phone number _____

_____ Postcode _____

In case of emergency please provide: 1) a telephone number where you and/or a friend/relative can be contacted during Nursery hours, and 2) a password that can be used in the case of an emergency pick up.

Name _____

Phone number _____ Password _____

Name _____

Phone number _____ Password _____

Name of person who will usually collect your child _____

Child's Doctor _____ Phone number _____

Address _____

_____ Postcode _____

How did you hear about us? (Please tick the appropriate box.)

- Recommendation Facebook page
 Google Advertisement (where? _____)
 Children's Centre Other: _____
 Website
-

Which sessions do you require your child to attend?

Please indicate approximate times for arrival and collection if a FULL DAY.

In order to maintain continuity in terms of care and development, ALL children are required to attend a minimum of two sessions, or one FULL day per week.

	MORNING 8.30am–12.00pm	AFTERNOON 1.30pm–4.00pm	FULL DAY 7.00pm–7.00pm
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____

Parents of those children not staying all day, but who would like them to receive a meal, can book in advance at the following cost:

Dinner **£2.50**

Date I wish my child to start at the Nursery on: _____

Which school will your child be attending after leaving Little Footprints? _____

Which term will your child be starting school? _____

I have received and read a copy of the Prospectus and agree to comply with the terms and conditions.

Signature of Parent/Guardian _____ Date _____

Please note that all fees are payable four weeks in advance, and can be cash, cheque or a standing order. An invoice will be sent one week prior to fees being due. Please make cheques payable to **Little Footprints Ltd.**



Has your child been immunised against the following illnesses?

	YES	NO
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>
M.M.R	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>
HIB	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>

Has your child any ongoing treatments? _____

If yes, please discuss this with your child's key worker within their room.

Should the need arise I give Little footprints Nursery permission to seek emergency advice or treatment in the event of the Nursery not being able to contact me.

Signature of Parent/Guardian _____ Date _____

I give permission for Little Footprints Nursery to administer any medication that maybe required during Nursery hours. E.g. Calpol, antibiotics.

Signature of Parent/Guardian _____ Date _____

Please let us know your child's religion, ethnic background or any other information you may feel relevant to the care of your child:

Please return this Registration Form to:

**Little Footprints Ltd,
c/o Thundersley Primary School,
Dark Lane,
Thundersley,
Essex SS7 3PT**

