



# City and Holbeck Children's Centre Registration Form

In the event of an accident we may need to seek necessary medical advice or treatment. Do you give permission for the appointed first aider to follow through with this?



YES

NO

Please tick days and sessions required

	Monday	Tuesday	Wednesday	Thursday	Friday
Am session					
Pm session					
Full day					

## Important Information Required

Are you responsible for the settlement of your child's fees?



Yes

No

If No – Please fill in details below

a) Who or which organisation will be settling the nursery invoice?

b) Where should the Nursery invoice be sent?

c) What reference should be quoted?

NI Number

A/c Number

Bank  
Branch Address

Sort Code

A/c Name

If you pay invoices using a credit card:

Start Date:

Expiry Date

Card Number:

Today's date:

Your signature:

We welcome any parental involvement in the day nursery. Please let us know of any ways in which you might like to be involved, any suggestions you may have and any skills you would like to offer.

## Your Child's Information

Full name:

Preferred name:

Home number:

Email address:

Home Address:

**Staff to complete & sign**  
Original Birth Certificate seen

**Staff to complete –**  
2 Utility bills showing current address which are less than 3months old

Date of Birth:

Religion:

## Your information

First parent's name:

Second parent's name:

First Parent's Work Address:

Second Parent's Work Address:

Telephone Number:

Telephone Number:

Mobile number:

Mobile number:

## Further information

First Parents Photograph

Second Parents Photograph

### Emergency contact details

1. Name and Address:

2. Name and Address:

Telephone Number:

Telephone Number:

Mobile number:

Mobile number:

### And other important people

Who will collect from the centre?

(Please include Grandparents or Aunts and Uncles if they will be collecting and provide photographs)

1:

2:

Health Visitor:

Family GP:

Telephone number:

Telephone number:

Is there someone with whom your child is especially close?

Is there anyone else we should invite to nursery evenings or parent's evenings?

### Your child's individual details

Your child's first language:

Additional/other languages (include sign language if applicable)

Your child's ethnicity:

Does your child have any additional needs?

(Please include allergies, ongoing medical conditions we should know about, any identified specific learning needs).

Specific likes or dislikes:

Vegetarian:

Vegan:

Are there any foods you prefer your child not to have?

### Have we forgotten anything?

Please use this space to tell us anything else that you feel is important that we haven't asked you about in this form, for example: anything that might be helpful to us in helping settle your child into the nursery.

As part of the planning for the nursery we may plan to go on local outings, for example, to the local park etc. Do you give permission for your child to participate in such activities?



YES

NO