



# HAPPY DAYS NURSERY

## Registration Form

**ALL INFORMATION IS CONFIDENTIAL. PLEASE USE BLOCK CAPITALS**

**NOTE You must inform Happy Days Nursery of any change in these details**

Full Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Religion \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mobile Telephone Number \_\_\_\_\_

Work Number (if applicable) \_\_\_\_\_

Emergency Contact Name/ Number \_\_\_\_\_

Authorised persons to collect on your behalf \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Health Visitor's Name \_\_\_\_\_

Immunisations  HIB, D, WC, T  MMR  P

Food, Drink related Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Medication Currently taken \_\_\_\_\_

**OTHER INFORMATION WE SHOULD KNOW**

\_\_\_\_\_ PTO

# HAPPY DAYS NURSERY

**Parents Occupation** (optional, but useful to know for curriculum purposes, i.e. fireperson, soldier, post person etc. from whom the children could benefit from a visit and talk)

Mother \_\_\_\_\_ Father \_\_\_\_\_

**Parental permission**

Please tick the boxes indicating your decision and sign the form.

	Yes	No
Garden play under supervision	<input type="checkbox"/>	<input type="checkbox"/>
Plasters	<input type="checkbox"/>	<input type="checkbox"/>
Sun cream (provided by you)	<input type="checkbox"/>	<input type="checkbox"/>
Supervised walks	<input type="checkbox"/>	<input type="checkbox"/>
I am happy for my child to take part in and learn about cultural celebrations and festivals	<input type="checkbox"/>	<input type="checkbox"/>

I understand that as part of monitoring my child's progress through their learning journey, written observations and photographs will be taken and used

**Parental wishes**

\_\_\_\_\_  
\_\_\_\_\_

**Please initial in boxes**

I understand fees for booked sessions are due no matter what the reason for absence

I understand that if fees are not paid, after 2 weeks a reminder will be given and after 3 weeks, my child's place may be withdrawn.

How did you hear / find out about Happy Days Nursery .....

**DECLARATION**

AT YOUR DISCRETION, IN THE EVENT OF MY CHILD REQUIRING EMERGENCY MEDICAL ADVICE OR HOSPITAL TREATMENT, YOU HAVE MY AUTHORITY TO TAKE THE RELEVANT STEPS TO ENSURE MY CHILD'S WELL BEING.

I HAVE READ THE INFORMATION IN THE BOOKLET HD1 AND UNDERSTAND AND AGREE TO ALL THE CONDITIONS STATED THEREIN, INCLUDING THE EMERGENCY TREATMENT PROVISIONS RECORDED ABOVE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>HDN use</b> Starting date: Leaving date:
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