



Star Day Care Centre Registration Form

Start Date:

Your Child's Information

First name(s):

Last name:

Preferred name:

Home Address:

Telephone number:

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

Star Day Care Centre

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 pick up from Day Nursery?

(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?

Star Day Care Centre

Your child's additional needs

Your child's first language

Additional/other languages (include sign languages if applicable)

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?

Additional information about your child

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 help 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

Star Day Care Centre

In the event of an accident we may need to seek necessary emergency 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					
PM					
FULL DAY					

Important Information Required

Are you responsible for the settlement of Nursery fees?



Yes

No

If No - Please fill in details below

- Who or which organisation will be settling the nursery invoice?
- Where should the Nursery Invoice be sent?
- What reference should be quoted?

NI Number

Bank
Branch Address

A/c Number

Sort Code

A/c Name

If you pay invoices using debit card:

Start Date:

Card Number:

Expiry Date:

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.