

REGISTRATION FORM

(Office Use only) Date form was received:

Room to start in:

Please return this form to:

Mrs Rebecca Atkinson
Jigsaw
Ash Tree Farm Day Nursery
Wrexham Road
Chester CH4 7QR

PLEASE USE BLOCK CAPITALS AND FILL IN EVERY SECTION

1. Full Name of Child.....

Date of birth..... Sex.....

Address.....

.....

Post code.....

Home Telephone number.....

Child's first language..... Religion

2. Please tick times of attendance which you require:

Day	Full Day	Half Day am	Half Day pm
Monday			
Tuesday			
Wednesday			

Thursday			
Friday			

A date must be entered below. If you wish to change your start date or your requested days, 8 weeks' notice in writing is required. If notice is not given you will be charged from the date given below.

Requested starting date.....

3. Mother's Full Name..... Mrs/Miss/Ms/

Works Telephone.....Mobile Telephone.....

Employer's Name and address.....

.....

Email.....

4. Father's Full Name.....

Works Telephone.....Mobile Telephone.....

Employer's Name and Address.....

.....

Email.....

5. Name and Address of child's doctor.....

.....Telephone No.....

6. Name and Address of child's Health visitor.....

.....Telephone No.....

Email address.....

7. Does your child have any allergies, medical conditions or need for special care?

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8. What immunisation has your child had to date?

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9. Please indicate whether your child has any special dietary requirements

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10. Is there anything else we should know about your child?

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