|  |  |  |
| --- | --- | --- |
| **CHILD’S NAME** |  |  |
| **DATE OF BIRTH** |  | **ETHNICITY**  |  |
| Home Address |  | Languages Spoken at Home |
|  |  |
|  | POST CODE |
| Home Telephone No |  |
| Email Address |  |
| **PARENT/GUARDIAN 1** | Mr/Mrs/Ms/Miss |
| Work Telephone No |  | Mobile Phone |  |
| Profession |  |
| Name & Work Address |  |
|  |
|  | POST CODE |
| **PARENT/GUARDIAN 2** | Mr/Mrs/Ms/Miss |
| Work Telephone No |  | Mobile Phone |  |
| Profession |  |
| Name & Work Address |  |
|  |
|  | POST CODE |
| **EMERGENCY CONTACT** (Not Parent/Guardian) | NAME |
| RELATIONSHIP TO CHILD |
| HOME TELEHONE NUMBER |
| MOBILE TELEPHONE NUMBER |
| CHILD’S DOCTOR | NAME |
| SURGERY ADDRESS |
| TELEPHONE NO |
| CHILD’S HEALTH VISITOR | NAME |
| SURGERY ADDRESS |
| TELEPHONE NO |
| DAYS OF ATTENDANCE (Tick as appropriate) | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| AM | LUNCH | PM | AM | LUNCH | PM | AM | LUNCH | PM | AM | LUNCH | PM | AM | LUNCH | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PLANNED START DATE |  | SETTLING IN SESSIONS |
| NAMES OF PEOPLE ALLOWED TO COLLECT OTHER THAN PARENTS | NAME | RELATIONSHIP TO CHILD |
| NAME | RELATIONSHIP TO CHILD |
| NAME | RELATIONSHIP TO CHILD |
| IMMUNISATION DETAILS |  |
| SPECIAL REQUIREMENTSE.G. DIETARY, CULTURAL OR ETHNIC |  |
| **ANY OTHER MEDICAL INFORMATION** E.G. EPILEPTIC, DIABETIC, ALLERGIES, MEDICATION ETC. – PLEASE CONTINUE OVERLEAF  |  |
| **I/We hereby agree to abide by Tiny Tigers Day Nursery Ltd Terms and Conditions and to keep the nursery updated with any changes in the above information as soon as it occurs.** |
| **SIGNATURE** | **PRINT NAME** | **DATE** |

**CHILD REGISTRATION DETAILS RECORD**