

**Registration Form for Candy Stripe Cottage Pre-School**  
**Academic Year 2016-2017**



<b>Child's full name</b>	
<b>Gender</b>	Male / Female
<b>Child's NHS Number</b>	
<b>Parent National Insurance No</b>	
<b>PASSWORD (IMPORTANT)</b>	
<b>Date of birth of child</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number (IMPORTANT)</b>	
<b>Email (IMPORTANT)</b>	
<b>Mother's Name</b>	
Mobile Number	
Work contact number	
Mother's Employer	
Work address	
<b>Father's Name</b>	
Mobile Number	
Work contact number	
Father's Employer	
Work address	
<b>Adoptive carer name:</b>	
Mobile Number	
Work contact number	
Adoptive carers Employer	
Work address	
<b>Emergency contact name 1</b>	
Mobile Number	
Work contact number	
Adoptive carers Employer	
Work address	
<b>Emergency contact name 2</b>	
Mobile Number	
Work contact number	
Adoptive carers Employer	
Work address	

**By signing this form you give any of the people listed above authorisation to collect my child from nursery, with my prior verbal notification and on production of proof of identity or password clarification. Please note a current, passport sized photograph of parents/guardians or designates wishing to collect your child will be required for our file.**

<b>Are all required immunisations up-to-date</b>	<b>YES / NO</b>	

<b>Child's Doctor</b>		
<b>Telephone Number</b>		
<b>Any medical allergies</b>		<b>Details</b>
<b>Plasters</b>	<b>YES / NO</b>	
<b>Penicillin</b>	<b>YES / NO</b>	
<b>Other, please name</b>		

<b>Existing medical conditions</b>		<b>Details</b>	
<b>Diabetes</b>	<b>YES / NO</b>		
<b>Eczema</b>	<b>YES / NO</b>		
<b>Asthma</b>	<b>YES / NO</b>		
<b>Seizures / convulsions</b>	<b>YES / NO</b>		
<b>Any Other Recurring Ailments</b>		<b>YES / NO</b>	

<b>I give permission for a member of staff to.....</b>	
<b>Take my child to hospital and consent to treatment, in the event of failing to reach any family member as named overleaf, in an emergency situation.</b>	<b>YES / NO</b>
<b>Take my child on local walks, outings etc.</b>	<b>YES / NO</b>
<b>Take photographs of my child for use within nursery</b>	<b>YES / NO</b>

<b>Food/Drink Dislikes or allergies</b>	

<b>Comments important to the care of your child</b>	

<b>Please give details on the following -</b>	
<b>Ethnic origin</b>	
<b>Religion</b>	

**What attendance would you like to book?** Please tick or place the times required in the boxes below against the days required.

<b>Attendance requirements</b>	<b>Breakfast included 8.00-9.00</b>	<b>Morning session 9.00-12.00</b>	<b>Afternoon session 12.00-3.00</b>	<b>Wrap around care for over 3s until 5.30 or 6pm</b>
<b>MONDAY</b>				
<b>TUESDAY</b>				
<b>WEDNESDAY</b>				
<b>THURSDAY</b>				
<b>FRIDAY</b>				

Any changes to these specified days must be given in writing a minimum of four weeks prior to the intended change. Please ask to see the terms and conditions of the nursery setting. Please note charges apply for some changes.

<b>What date would you like your child to start in the setting:</b>	
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**\*Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*Signature constitutes agreement to the terms and conditions of Candystripe.Inc Ltd**

<b>Pump bag supplied: Yes/No</b>	<b>Welcome letter sent: Yes/No</b>
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Date Rec'd	<input type="checkbox"/>	Reg Fee Paid	<input type="checkbox"/>	Sage A/c Name	<input type="checkbox"/>	On Sage	<input type="checkbox"/>	T2P	<input type="checkbox"/>	Register	<input type="checkbox"/>	CC'd	<input type="checkbox"/>
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