Clementswood Neighbourhood					
Nursery			Registration Form		
Name of child					
Home Address & Telephone Number					
	(Please provide proo	of of address)			
Child's date of birth					
Place in family					
Child's Religion					
Languages spoken at home					
Child's Dietary Requirements					
Significant medical Condition (if any)					
Any Special needs/ disabilities?					
Father's name Place of work					
Work & mobile number					
Mother's name Place of work Work & mobile number					
Parental Responsibility	Mother	Fathe	r	Both	
Name of Parent/s with Whom the child lives					
Name of Parent/s with whom the child does not live					
Does this parent/s have Legal access?					
Person's authorised to collect the child				(Must be aged 18 or ov	

Doctor's name and						
address						
Health visitor's name and						
number						
Paediatrician's name and Number						
Number						
E-management contact management						
Emergency contact name And number						
	(please nomi	nate a responsible	adult)			
An up to date history of chibefore start of sessions.	ld's vaccination	ons, allergies	and medical	problems, wil	ll be required	l
Deluic Statt of Sessions.						
If full-time please tick box						
			_		_	
	Mamina	Monday	Tuesday	Wednesday	Thursday	Friday
If part-time, please	Morning Afternoon					
tick boxes.		1	'	•	•	·
If full-day please tick boxes	Monday	Tuesday	Wednesday	Thursday	Friday	
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We are committed to safeguarding and promoting the welfare of children and expect all staff and volunteers to share this commitment.