REGISTRATION FORM

CONFIDENTIAL

**Please complete all questions**

**Details**

Child’s Name: Male [ ] Female [ ]

Date of Birth: Day Month Year

Home Address:

Post code: Phone number:

Mothers Name: National Insurance No:

Mother’s day time phone number: Mobile:

Employment Status:

Fathers Name: National Insurance No:

Fathers day time phone number: Mobile:

Employment Status:

Child Minder/Guardian: Emergency Contact name(s):

Emergency Number(s):

Who has legal responsibility for the child:

Ethnic Origin/Culture: Religion:

Spoken Language(s) at Home:

**Medical and Special Needs**

Family Doctor: Phone number:

Family Doctor’s Address:

Medication details:

Health Visitor’s Name: Phone Number:

Has the above named child been immunized against:

Polio Yes [ ] No [ ] Mumps, Measles & Rubella (MMR) Yes [ ] No [ ]

Diphtheria/Tetanus/Whooping cough Yes [ ] No [ ] Tuberculosis (BCG) Yes [ ] No [ ]

Meningitis Yes [ ] No [ ] Allergies Yes [ ] No [ ]

If ‘Yes’ please give details:

Special Educational Needs Yes [ ] No [ ]

Other Challenges

Sight Yes [ ] No [ ] Speech Yes [ ] No [ ]

Hearing Yes [ ] No [ ] Behavioral Yes [ ] No [ ]

Mobility Yes [ ] No [ ]

If ‘Yes’ please give details

**Food**

Food Intolerance/Sensitivity Yes [ ] No [ ]

If ‘Yes’ to any of the above, please give details here

**Special Information**

Has your Child been to any other settings such as a Childminder, Nursery or Toddler group: Yes [ ] No [ ]

If ‘Yes’ please give details

Does your child have any phobias? Yes [ ] No [ ]

Does your child have any special dietary needs? Yes [ ] No [ ]

Is your child able to use a fork and knife? Yes [ ] No [ ]

Is your child able to ask for help? Yes [ ] No [ ]

Is your child able to choose an activity? Yes [ ] No [ ]

Is your child able to concentrate on an activity? Yes [ ] No [ ]

Is your child toilet trained? Yes [ ] No [ ]

Is your child able to dress themselves Yes [ ] No [ ]

Is there a Contact order in place? Yes [ ] No [ ]

If ‘Yes’ to any of the above, please give details here

**Child Development**

When your child is at home do they:

Watch TV: Often [ ] Sometimes [ ] Never [ ]

Read Books: Often [ ] Sometimes [ ] Never [ ]

Play with others: Often [ ] Sometimes [ ] Never [ ]

Play outside: Often [ ] Sometimes [ ] Never [ ]

Play with toys: Often [ ] Sometimes [ ] Never [ ]

Use the computer: Often [ ] Sometimes [ ] Never [ ]

Colour or use pencil: Often [ ] Sometimes [ ] Never [ ]

My child likes:

My child dislikes:

**Services Required:**

Day Nursery/Preschool [ ] Parent & Toddler Club [ ]

**(Please tick as appropriate)**

**Registration Fee:**

Cheque/Cash attached for £50.00 which is non-refundable. This is payable immediately upon the signing of this document to request a place for your child at the Ivy League Day Nursery

**Signed:**

Parent/Guardian ………………………………………………………… Date: