



**OFFICE USE ONLY**

Qualified / not qualified for free 15 hours  
 Date received .....(Date)  
 Reg fee Applicable ..... (£50)  
 Deposit Applicable .....(£100/£200)  
 Birth Certificate seen .....(Copy taken)  
 Parents proof of address.....(Copy taken)

**OFFICE USE ONLY**

Start Date: .....

Settling In Date: .....

## StarDay Nursery Registration Form

**Details about your child**

Forename..... Surname..... Boy/Girl

Name child is known as (if different from above)..... Date Birth ...../...../.....

Home Address .....

Postcode.....

**Contact Details**

Home Telephone number .....

**Mother's Name** ..... Mobile Number.....

Occupation..... NI Number..... Date of birth...../...../..... Daytime Number.....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address.....

**Father's Name** ..... Mobile Number.....

Occupation..... NI Number..... Date of birth...../...../..... Daytime Number.....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address.....

**Custody Arrangements.**  
 Are there any access or custody arrangements we need to be aware of? Please complete the section below or alternatively speak to any senior member of staff. All information will be treated with the utmost confidentiality.  
 .....  
 .....

**Additional Contacts**

Please give names of other people who may collect your child or be contacted in an emergency; please also give your security password to identify anyone who collects your child and is not known to staff.

**Security Password:**  
 .....

1. Name..... Relationship to child..... Tel no .....

2. Name..... Relationship to child..... Tel no .....

3. Name..... Relationship to child..... Tel no .....

Doctors Name: Dr..... Surgery Name..... Tel no .....

Health Visitors Name..... Tel no .....

Does your child have any allergies? (Please specify)  
 .....  
 Does your child require any special dietary requirements; please include a reason, if any?  
 .....  
 Please give details of any difficulties your child may have (speech, physical, development) which may help us in caring for your child  
 .....

**About your child:**

Family position (to siblings)    1.....2.....3.....4.....5    (please circle)

Immunisations- please tick to confirm your child has had the following immunisations:

Immunisation	Tick	Immunisation	Tick
Whooping Cough		Mumps (single injection)	
Polio		Rubella (single injection)	
Diphtheria		HIB	
Tetanus		Meningitis C	
MMR (3 in 1 injection)		Others.....	
Measles (single injection)		Others.....	

**Ethnic Origin**

If you would like to, please give details of your child's

Ethnic Origin.....

First Language (spoken at home).....

Religion.....

**FREE Government Funded Children**

Please note that you may only claim the FREE government 15 hours funding in only one setting or the 30 hours can be split between 2 settings. If your child already receives this grant in another setting, kindly declare it to Mayfair Day Nursery.

**Pupil Premium**

We advice all parents of 3 and 4 year olds to apply for the Pupil Premium for additional resources for your child. The form is hereby attached.

**Birth Certificate and proof of address**

Please return this form along with a copy of your child's Birth Certificate / Passport and your Proof of ID and proof of Address

**Registration Signature**

I/We agree that the above information is up to date and accurate and accept it is my/our responsibility to inform the Nursery immediately of any changes to this information.

Signature..... R/ship to child..... Date...../...../.....

Signature..... R/ship to child..... Date...../...../.....

**Confirmation of Acceptance of Nursery Place**

I/We enclose a cheque/cash made payable to **Mayfair Day Nursery** for the sum of **£50** as a non-refundable Registration Fee with this completed Registration Form to enable the Registration Process to begin.

Signature..... R/ship to child..... Date...../...../.....

Signature..... R/ship to child..... Date...../...../.....