



The Nest

Mobile no: 07597 356241 (7:30 – 8:50 am and 3:30 – 6:00pm)

Email nest@larkfieldsinfant.org

Registration Form

CHILD'S DETAILS

Name _____ Date of Birth _____

Address:

Home contact number _____

Email Address _____

PARENTAL RESPONSIBILITY

Name of Parent/Carer _____

Address (if different from the child's home address given previously)

Contact Number: _____

Email address: _____

EMERGENCY CONTACT NUMBERS

Please give two emergency contact numbers:

Name: _____ Number: _____

Name: _____ Number: _____

MEDICAL DETAILS

Please give the name, address and telephone number of your doctor.

Details of any medical conditions we need to know.

Details of any medication that needs to be administrated including Asthma inhaler.

Details of any allergies.

Details of any dietary requirements.

MEDICAL EMERGENCIES

I do/do not give permission for my child to be taken to hospital if the staff feel it is necessary.

Parent/Carer Signature: _____

AGREEMENT

We/I have read, understand and agree to abide by **The Nest's** Operational Policy, **including the conditions set for fee payment.**

Parent/Carer Signature : _____

Payment Method

ParentPay	
Voucher	

Name of childcare voucher system used (if any) _____

PICKING UP (From After School Club)

Name of main person regularly collecting your child. (Must be over the age of 16)

Name of second person regularly collecting your child. (Must be over the age of 16)

Collection Password _____ (To be used in emergencies)

PHOTOGRAPH CONSENT FORM

To comply with the Data Protection Act we seek permission before we use any photographs that we have taken of children attending **The Nest**.

I give permission for a photograph to be taken of _____

Within school only	
On the website	
Promotional materials	

Signed _____