



Registration Form

Please complete one form for each child that is attending the Nursery.

Childs Details:

Full Name:

Alias:

Date of birth:

Gender:

Address:

Postcode:

Telephone number:

Name and address of previous setting (if any):

Parent/ Guardian Details:

Title and full name:

Relationship to child:

Place of work:

Daytime telephone number:

Mobile:

Email:

Address for correspondence:

Title and full name:

Relationship to child:

Place of work:

Daytime telephone number:

Mobile:

Email:

Address for correspondence:

Name of person responsible for paying fees:

Details of place required:

Date of registration:

Proposed start date:

Do you wish to register your child for entry into Waverley School
(Reception- Year 6) Yes/ No

How did you hear about Waverley Nursery?

Emergency Contact details

In the event of an emergency when neither of the above can be contacted please give us the information below of a friend or relative who you would be confident for the nursery to contact.

Emergency contact 1:

Title and full name:

Address:

Postcode:

Home Tel:

Mobile:

Work Tel:

Verbal password:

Description of person:

Emergency contact 2:

Title and full name:

Address:

Postcode:

Home tel:

Mobile:

Work Tel:

Verbal password:

Description of person:

Collection Details

Please list below those persons, other than yourself, who are authorised to collect your child from nursery.

Number 1

Title and Full name:

Relationship to child:

Telephone number (if not given above):

Description of person:

Verbal password:

Number 2

Title and full name:

Relationship to child:

Telephone number (if not given above):

Description of person:

Verbal password:

Medical Details:

Doctors name:

Address of practice:

Postcode:

Telephone number:

Immunisations:

Whooping cough	Yes/ No
MMR	Yes/ No
Polio	Yes/ No
Diphtheria	Yes/ No
Tetanus	Yes/ No

Medical Information (Please indicate none or not known):

Major illness/ Surgery:

Medical conditions:

Diet details:

Allergies (please indicate severity):

Does your child have any difficulties with:

Hearing:

Sight:

Speech:

Mobility:

Behaviour:

Other information:

Milk type:

Religion:

Ethnicity:

Nationality:

Primary language:

Additional Information

Please inform us of any relevant details which will help the nursery staff ensure that your child enjoys their time with us at nursery.

Signatories:

I/ we agree that my child can be taken out of the nursery on suitable organised visits to local places of interest.

Signed: _____ Date: _____

I/ we agree that my child can have sun cream applied when necessary, which I will provide.

Signed: _____ Date: _____

I/ we agree that suitable medical decisions will be made and medical help sought if I/ we are not contactable.

Signed: _____ Date: _____

I/ we agree to my child being photographed for promotional purposes.

Signed: _____ Date: _____

I/ we confirm that I/ we have disclosed all the relevant information regarding my/ our child and will inform the Nursery Manager of any changes as and when they arise.

Signed: _____

Date: _____

Signed: _____

Date: _____

We keep data about the children that attend and their parents in order to administer and manage our nursery and to keep you up-to-date on activities. The data includes names, contact details, and some sensitive information (for example, information about medical conditions or ethnic origin). We do not transfer your information to third parties unless we are legally obliged to do so. We keep all personal data in accordance with the Data Protection Act 1998.

Sessions Required

Please complete sessions below of requirements for your child:-

		Monday	Tuesday	Wednesday	Thursday	Friday
AM start time	8am					
	8.30am					
AM grant session * (tick if grant session taken)						
PM Start	1.00pm					
PM Finish	1.00pm					
	3.30pm					
	6.00pm					
PM grant session * (tick if grant session taken)						

Contract Duration

Would you like your contract to run for a 51 weeks or 38 weeks per year?

Please return your completed form to:

Miss L Hopkins, Waverley Nursery and Pre-Preparatory Manager
 Waverley School and Nursery
 Waverley Way
 Finchampstead
 Wokingham
 RG40 4YD

Tel: 0118 973 1121
 Fax: 0118 973 1131
 Mbl: 07920 268735