CHILD REGISTRATION FORM

Early Years Safeguarding and Welfare Team

Happy Hoglets Nursery

Child Name		Date of Birth	
Known as		Gender	
Home address			

Parent name (1)			
Address			
Contact number		Mobile number	
Place of work		Work number	
Does this parent have parental responsibility? Y N			
Does this parent have legal contact? Y N			
Parent name (2)			
Address			
Contact number		Mobile number	
Place of work		Work number	
Does this parent have parental responsibility? Y N			
Does this parent have legal contact? Y N			

Emergency contacts			
Name		Relationship to child	
Contact number/s			
Name		Relationship to child	
Contact number/s			

Authorised to collect			
Name		Relationship to child	
Name		Relationship to child	
Name		Relationship to child	

Collection password	

Does your child have any allergies/dietary needs?					
Does your child have any medical/health needs?					
Name of GP:		Contact number:			
Does your child have any additional needs?					
Is your child known to any other services i.e. speech and language, social care?					
Ethnicity		Religion		Home language	

I/we consent to ……. seeking emergency medical advice and treatment for my/our child in the event that I/we cannot be contacted.

Signature: Date:

Ready to register?

Once you have completed the registration form, please send it to **eduarcic@gmail.com**.

We look forward to welcoming you and your little one to **Happy Hoglets Nursery**!

Signature: Date:

Signature: Date: