

The Lighthouse Nursery
Nursery Registration form

- This application must be regarded as provisional and the booking of a place cannot be guaranteed until confirmation has been received.
- Applications are allocated on a 'first come first served' basis, and priority is given to those who have siblings in the Nursery

Name of parent/ guardian:	
Address:	
Postcode:	Telephone number(s):
Email:	

Name(s) of child(ren)	Date of birth	Ethnic Origin	Required start date	Religion

Sessions required :

	Monday	Tuesday	Wednesday	Thursday	Friday	Don't mind
Morning						
Afternoon						

Please tick preferred sessions

Daytime contact details/workplace details of parents/guardians :

1 :	Tel :
2 :	Tel :

Emergency contact details :

Name of person :	Relationship to child :	Telephone number :
1 :		
2 :		
3 :		

Doctors name :	Doctor's address :
	Doctors tel.no :

Please indicate if your child has a disability, medical condition, suffers from any allergies, or has any special dislikes (e.g. food/drinks etc)

Please provide details of any difficulties your child has with:

Hearing :	
Sight :	
Speech :	

Please inform us of any relevant information, which would help us to enable your child to feel happy and secure at Nursery (e.g. favourite toys, dummy, blanket etc.)

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IN THE EVENT OF AN ACCIDENT/INJURY WHILST YOUR CHILD IS IN OUR CARE, WE WILL CONTACT THE NORTH CARDIFF MEDICAL CENTRE, OR 999 IN THE CASE OF A MAJOR EMERGENCY

Applicant's signature :	Date :