



# The Magical Kingdom Child Registration Form

Name of child	DOB:
Home address	
Postcode	
Religion	
Ethnic origin	
Nationality	
Language(s) spoken at home	
Details of any special educational needs/disabilities	
Preferred start date	
Password	

Title		Mothers Full Name :
Address		
Postcode		
Home Tel Number		
Work Tel Number		
Parental Responsibility / Fees /Collection		
Title		Fathers Full Name:
Address		
Postcode		
Home tel Number		
Work Tel Number		
Parental Responsibility / Fees /Collection		

## Other contacts

Contact one			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

**Medical details /Information**

Does your child have any allergies we need to be aware of?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Are your child's immunisations up to date?	Immunisation	Date of immunisation
Name of GP		Name of Sugary
Address Postcode		Telephone Number
Health Visitor Details ( please include name, address, contact number)		
Other agency details (Social Services ect) please include name, address, contact number		
Any other details that we should know about?		
You are signing here to confirm all information known by you is passed over to the nursery and is correct and accurate-		
Parent/Carer signature		Date:



**Sessions**

Please indicate your preferred sessions.( Please tick in the box)

Session	Mon	Tues	Wed	Thurs	Fri
Full day 7.30am-6pm					
Morning only 8am -1pm					
Afternoon only 1pm -6pm					
Full Week					
Meals	B L T	B L T	B L T	B L T	B L T

Do you require a place for term-time only? (Please circle) Yes / No

Funded or Non funded Place Yes/No

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of **[The Magical Kingdom nursery]** which I have read and fully understand.

Signed..... Date .....

Print name.....

Relationship to child .....

**Payments / Fess**

Registration fee Amount		Paid By	Date
Deposit Amount		Paid By	Date
Management to sign and confirm all has been received by the parent			