

north harrow nursery

42-44 Gloucester Road, North Harrow, Middlesex, HA1 4PW TEL: (020) 8427 0114
www.northharrownursery.co.uk email: manager@northharrownursery.co.uk



Registration Form

Childs Name:		Childs Surname:	
Preferred Name: _____ (Known as)		Sex: Boy / Girl	
Date of birth: _____		Religion: _____	
Address: _____		Ethnicity: _____	
Post Code: _____		Language: _____	
Home phone: _____		Name of sibling at Nursery	
Mothers Full Name:			
Address: _____		Home Phone: _____	
Post Code: _____		Mobile Phone: _____	
email address: _____		Occupation: _____	
Work Name: _____		Allowed to collect child Yes/No	
Address: _____		_____	
Post Code: _____		Work phone: _____	
Fathers Full Name:			
Address: _____		Home Phone: _____	
Post Code: _____		Mobile Phone: _____	
email address: _____		Occupation: _____	
Work Name: _____		Allowed to collect child Yes/No	
Address: _____		_____	
Post Code: _____		Work phone: _____	
Invoicing Details		How did you hear about us?	
If different from above			
Invoice Name: _____		_____	
Address: _____		_____	
Post Code: _____		_____	
Contact Details		Full Name & relationship to child	
Other than Parent		Allowed to collect child	
Telephone Number			
Contact 1	_____	_____	_____
Contact 2	_____	_____	_____
Contact 3	_____	_____	_____
Contact 4	_____	_____	_____

Registration Form

Childs Name: _____		Childs Surname: _____			
Doctors Name:		Health Visitors Name:			
Surgery Name: _____		Surgery Name: _____			
Address: _____		Address: _____			
Post Code: _____		Post Code: _____			
Telephone No: _____		Telephone No: _____			
Allergies					
Please give details of any allergies the child suffers from (eg Nuts, Milk etc)					
Special Diet					
Please give details of any special dietary requirements:					
Medical Conditions					
Please give details of any medical conditions: _____ (eg Asthma, Eczema etc)					
Immunisations - This list of vaccines is an example only. Check with your doctor for your actual immunization schedule					
	<u>Date Immunised</u>		<u>Date Immunised</u>		
Diphtheria	Yes/No _____	MMR	Yes/No _____		
Oral Polio	Yes/No _____	German Measles	Yes/No _____		
Polio Booster	Yes/No _____	Mumps	Yes/No _____		
Chicken Pox	Yes/No _____	Whooping Cough	Yes/No _____		
Other	_____	Other	_____		
Sessions Required					
	mon	tue	wed	thu	fri
AM (8am - 1pm)					
PM (1pm - 6pm)					
Full Day					
Start 7.30 am					
Finish 6.30 pm					
If a place is not available do you wish to be placed on the waiting list?				Yes/No	Start Date: _____

Parental Responsibility

Where applicable, please provide details of all court orders which allow or disallow legal contact with the child, including the name of individual listed in the court order who has legal right to have contact or not to have contact with the child or any other relevant details. In addition. please provide a copy of the actual court order.

I agree to abide by the attached terms and conditions of the North Harrow Nursery

Signature: _____

Date: _____

Please send the Registration Form with your non-refundable £50.00 registration fee payable to:

North Harrow Nursery Ltd, 42-44 Gloucester Road, North Harrow, Middlesex, HA1 4PW

For Office Use Only

Date form received by nursery:

Signed

Date placed on waiting list

Registration Fee paid

Cash/Cheque No.