

# Lighthouse 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 serve" basis and priority is given to those who have siblings in the nursery

## Child's Details:

Child's first name:	Surname:	Known as:
Address:	Date of birth:	
	Gender:	
	Ethnic origin:	
	Religion:	
Postcode:	Required start date:	

## Sessions Required (please tick):

	Monday	Tuesday	Wednesday	Thursday	Friday	Not Sure
Early Start (8.30-9am)						
Morning Session (9am-12pm)						
Lunch (12-1pm)						
Walkover to/from Thornhill Primary						
Afternoon Session (1-4pm)						

## Parents' Details: (please tick preferred method of contact)

Parent/Guardian's name:	Parent/Guardian's name:
Relationship to child:	Relationship to child:
Home number:	Home number:
Mobile number:	Mobile number:
Email:	Email:

## Emergency Contacts:

	Name of person:	Relationship to child:	Contact number:
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

## Medical Information:

Doctor's name:	Health visitor's name:
Doctor's number:	Health visitor's number:
Doctor's address:	

Allergies or medical conditions:

Disabilities, difficulties with hearing/sight or speech etc:

**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**

Signature:	Date:
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