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

**Child’s Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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) |  |  |  |  |  |  |

**Sessions Required (please tick):**

|  |  |
| --- | --- |
| Parent/Guardian’s name: | Parent/Guardian’s name: |
| Relationship to child: | Relationship to child: |
| Home number: | Home number: |
| Mobile number: | Mobile number: |
| Email: | Email: |

**Parents’ Details:** (please tick preferred method of contact)

**Emergency Contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of person: | Relationship to child: | Contact number: |
| 1st |  |  |  |
| 2nd |  |  |  |
| 3rd |  |  |  |

**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: |