

Holly Tots Registration Form

All children who use Holly Tots must be registered with us.

| | |
|--------------------------|--------------------------|
| Child Information | Gender: |
| Surname: | Forename: Middle Name: |
| Address: | |
| Postcode: | Telephone Number: |
| Date of Birth: | |
| Nursery Attended: | |
| Intended School: | |
| Ethnic Origin: | Home Language: Religion: |

| | |
|---------------------------|----------------------|
| Parent Information | |
| Surname: Ms/Miss/Mrs | Surname: Mr |
| Forenames: | Forenames: |
| Address: | Address: |
| Home Telephone No: | Home Telephone No: |
| Mobile Telephone No: | Mobile Telephone No: |
| Workplace: | Workplace: |
| Telephone No: | Telephone No: |

Parents / Carers with Parental Responsibility.

| | |
|-------|------------------------|
| Name: | Relationship to child: |
| Name: | Relationship to child: |

Contact Information

Name and address of persons collecting child from Holly Tots if different from above and persons to be contacted in an emergency if we are unable to contact parents.

N.B. Children will only be allowed to leave with a person named on this registration form.

| | |
|-------------------------|-------------------------|
| Surname: Ms/Miss/Mrs/Mr | Surname: Ms/Miss/Mrs/Mr |
| Forename: | Forename: |
| Address: | Address: |
| Home Telephone No: | Home Telephone No: |
| Mobile Telephone No: | Mobile Telephone No: |
| Workplace: | Workplace: |
| Telephone No: | Telephone No: |
| Relationship to child: | Relationship to child: |

P.T.O.

| |
|---|
| HOLLY TOTS REGISTRATION FORM (CONTINUED) |
|---|

| | |
|--|--|
| MEDICAL DETAILS | |
| Name of Child's Doctor: | |
| Address of Childs Doctor | |
| Telephone No: | |
| Does your child have any known medical problems? Please State: | |
| Does your child have any known allergies or major dislikes (i.e. foods/materials) | |
| Any other relevant information about your child you may wish to share with us: | |
| Does your child receive Speech Therapy? Name of Speech Therapist and place attending. | |

I consent to any emergency medical treatment necessary during my child's time at Holly Tots.

I authorize Holly Tots Staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes ----- No -----

Signed ----- (parent/carer with parental responsibility)

Date -----

Please hand your completed registration form in to the Holly Tots Manager. We also need to see your child's birth certificate.

You will also be required to accept and sign Holly Tots Terms and Conditions prior to filling in your first booking form.