**Registration Form**

**I would like to reserve a place for my child at Jolly Giraffes Day Nursery.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name of child** |  | | Gender |
| Date of birth |  | **OR** Expected date of birth (please notify us when actual date is known) |  |
| Address of child and Parent (1) | Postcode | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent (1)**  Does Parent (1) have parental responsibility for and legal contact with this child? Yes 🌕 No 🌕 (Please tick as appropriate) | | | | |
| Full name | | | Relationship to child | |
| Telephone numbers: | home | | work | Mobile |
| e-mail address(es)  (Please print clearly) | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent (2)**  Does Parent (2) have parental responsibility for and legal contact with this child? Yes 🌕 No 🌕 (Please tick as appropriate) | | | | |
| Full name | | | Address (if different from above)  Postcode | |
| Relationship to child |  | |
| Telephone numbers: | home | | work | Mobile |
| e-mail address(es)  (Please print clearly) | |  | | |
|  | |  | | |

|  |
| --- |
| Please provide information regarding which parent(s) and/or carer(s) the child normally lives with: |

|  |  |  |  |
| --- | --- | --- | --- |
| Religion |  | Any additional information (e.g. festivals or religious celebrations we need to be aware of) |  |

|  |  |
| --- | --- |
| Any known Special Educational Needs |  |
| Any known special dietary requirements/food allergies |  |
| Any other special requirements |  |

**P.T.O.**

**Registration Form (page 2)**

**Required sessions** (please tick relevant boxes):-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

**Requested start date:-** ……………………………………………………………………………………………………

Please delete as appropriate:

* A place has been confirmed so I enclose a cheque for £100 (non-refundable).
* I will send a cheque for £100 (non-refundable) when a place has been confirmed.

*(Please make cheques payable to* ***‘Jolly Giraffes Day Nursery’****)*

**Please note** – once a place has been confirmed and reserved and the deposit has been paid, one month’s notice from the initial start date will be required to change sessions.

All information given to Jolly Giraffes Day Nursery on this form will be used as part of our registration process. We will not give this information to anyone without asking your permission first. You have a right to request us to delete this information at any point. We will retain this information for as long as your child is within our nursery and it will be disposed of once you leave us. All data information will be stored correctly in line with the General Data Protection Regulation (May 2018) and the Data Protection Act 1998. By signing below you are agreeing to these terms and conditions.

Signed by parent/guardian 1 …………………………………………………………… Date ………………………………

2 …………………………………………………………… Date ………………………………

For office use:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date acknowledgement sent | Date place confirmed |  | Dates of visits booked |  |
| Date deposit received |  | Confirmed start date |  |