



Registration Form

Child's full name: _____

Preferred name: _____

Date of Birth: _____

Home Address: _____

Post Code: _____

Telephone No: _____

Please complete all parent/carer details below.

Parent/Carer with whom the child lives:

Name: Mr/Mrs/Miss _____ Relationship: _____

Occupation: _____

Work Address: _____

Tel No: _____ Mobile: _____

Email address: _____

To enable you to receive paperless news and information

Does this person have legal contact with the child: YES/NO

Does this person have parental responsibility for the child: YES/NO

Parent/Carer with whom the child lives:

Name: Mr/Mrs/Miss _____ Relationship: _____

Occupation: _____

Work Address: _____

Tel No: _____ Mobile: _____

Email address: _____

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Does this person have legal contact with the child: YES/NO

Does this person have parental responsibility for the child: YES/NO

Parent/Carer with whom the child does not live:

Name: Mr/Mrs/Miss _____ Relationship: _____

Work Address: _____

Tel No: _____ Mobile: _____

Email address: _____
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Does this person have legal contact with the child: YES/NO

Does this person have parental responsibility for the child: YES/NO

Third Emergency Contact

Please give details of a third person who can be contacted in your absence and ensure they are aware you have given their details to the Nursery.

Name: Mr/Mrs/Miss _____ Relationship _____

Address: _____

Telephone No: Home _____

Work: _____ Mobile: _____

Family Doctor

Address: _____

Telephone No: _____

Birth Certificate seen by _____ Other proof (if not certificate) _____

Health Visitor Name: _____ Telephone No: _____

We may contact the health visitor for routine enquiries regarding your child's development. Please tick this box if you wish to be consulted prior to any contact with the health visitor.

Requested start: _____ Please tick sessions required

Sessions	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 8am - 1pm					
Afternoon 1pm - 6pm					
Pre-school only- Term Time Hours					
Breakfast Club 7.30 - 8 am					

I have enclosed the £50 registration fee or £25 sibling discounted fee.
(No charge for a fully funded place)

Parent/Carer signature: _____ Name : _____ Date: _____

Refund Cheques to be made payable to: _____

All information will be treated as confidential. Busikids will never share your email address with other companies.