



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: _____ 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: _____ Relationship: _____

Occupation: _____

Work Address: _____

Tel No: _____ Mobile: _____

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

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

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Parent/Carer with whom the child does not live:

Name: _____ Relationship: _____

Occupation: _____

Work Address: _____

Tel No: _____ Mobile: _____

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: _____ Relationship _____

Address: _____

Telephone No: Home _____

Work: _____ Mobile: _____

Family Doctor _____

Address: _____

Telephone No: _____

Health Visitor Name: _____ Telephone No: _____

Requested start: _____ Please tick sessions required

Sessions	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 8am -1pm					
Afternoon 1pm - 6pm					
Pre-school Hours Term Time Only					

I have enclosed the £50 registration fee.

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**

Reviewed 25/01/2011