

Please return this form to:

The Nursery Manager
Fairytale's Day Nursery
36, Chesterfield Road
Barlborough
Chesterfield S43 4TT
01246 810848

The School Club Registration Form.

Breakfast - After School - Holiday Club

Child's Name: Start Date :/...../.....

Date of Birth:/...../..... Male / Female

Home Address:

Post Code: Home Telephone:

E:mail address:

Parents / Carers Name:

Name of the person who has legal contact to the child :

Parental Responsibility

The Primary Person to Collect Your Child:

I attend.....School. My School contact number is:

I would like to register for (please tick below): My Class is: (e.g: reception/year 2).....

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Afterschool					
Holiday Club					

Name of the person/s to be contacted in an emergency.

1. Name:.....Relationship to child:.....

Work Telephone:.....Mobile.....

2. Name:.....Relationship to child:.....

Work Telephone:.....Mobile.....

Allergies or Medical Conditions:

I hereby give consent to senior and nominated first aider of Fairytale's Day Nursery School Club to administer Calpol if your child's temperature is 38 degrees or over, give required medical treatment and for them to be taken directly to hospital should this be necessary.

I agree to all policies and procedures of Fairytale's Day Nursery School Club –

Parent's Signature:

*We look forward to
seeing you soon!*