Please return this form to :

The Nursery Manager
Fairy Tales Day Nursery
36, Chesterfield Road
Barlborough
Chesterfield S43 4TT
fairytalesmanager@hotmail.co.uk

Fairy Tales Day Nursery Registration Form

Child's Name :	/ Start Date
Date of Birth://	Male / Female
	Home telephone :
E:mail address	
Name of the person who has legal con	tact or parental responsibility to the child :
	Parental Responsibility
The Primary Person to collect your chil	d :
Name of person/s to be contacted in a	an emergency.
1. Name:	Relationship to child :
Work Telephone :	Mobile :
2. Name:	Relationship to child :
medicine allergies for your child)	(Please give in-depth information regarding any food /
Doctors Name:	Contact Number :

	MMR Tetanus					
	HIB Polio Meningitis					
1.	I hereby give consent to senior staff and nominated first aiders of Fairy Tales Day Nursery to administer Calpol if my 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.					
2.	My child is NOT ALLERGIC to plasters and can be applied if needed.					
3.	I give permission for my child to leave the nursery for short walks or local visit with the correct staff ratio.					
4.	2 year progress check – I give permission to pass relevant information onto outside agencies (e.g health visitors)					
5.	My child has no allergies to pets and I am happy for them to be handled by my child.					
6.	I have included a copy of my child's birth certificate					
7.	I have signed and agreed to Fairy Tales fee structure policy					
	lagree to sections 1, 2, 3, 4, 5, 6 & 7 above - Date:					
Parent	al / Carer Signature : Printed Name :					
Day	ree to all the Terms and Conditions, Policies and Procedures of Fairy Ta Nursery.					
ntal/(Carer Signature :					

Registration fee paid on/...... by cash, bacs, card

Sessions	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
am					
pm					