







## Birdhurst Day Nursery Registration Form

|                          |  |                               |                   |                               |  |
|--------------------------|--|-------------------------------|-------------------|-------------------------------|--|
| <b>Child's Details</b>   |  |                               |                   |                               |  |
| <b>Child's Surname:</b>  |  | <b>First Names in Full:</b>   |                   |                               |  |
| <b>Date of Birth:</b>    |  | <b>Age:</b>                   |                   | <b>Gender:</b>                |  |
|                          |  |                               |                   | <b>Religion:</b>              |  |
| <b>Country of Birth:</b> |  |                               |                   | <b>Language used at home:</b> |  |
| <b>Child's Address:</b>  |  |                               |                   |                               |  |
| <b>Post Code:</b>        |  | <b>Home Telephone Number:</b> |                   |                               |  |
| 2YO funding code:        |  |                               | 3YO funding code: |                               |  |

|  |  |              |  |
|--|--|--------------|--|
| <b>Parent's Details</b>  |  |              |  |
| WHO HAS PARENTAL RESPONSIBILITY? MOTHER FATHER BOTH OTHER<br>(please circle) |  |              |  |
| <b>Mother/Guardian Full Name: (Mrs/Miss/Ms)</b>                              |  |              |  |
| Home Telephone Number:   |  | Work Number: |  |
| Mobile Telephone Number:   |  | Email:       |  |
| <b>Father/Guardian Full Name:</b>  |  |              |  |
| Home Telephone Number:   |  | Work Number: |  |
| Mobile Telephone Number:   |  | Email:       |  |

|   |  |                |  |
|---|--|----------------|--|
| <b>Emergency Contact Details</b>  |  |                |  |
| Of person who can be contacted in case of emergency if we cannot contact Parent(s)/Guardian(s): |  |                |  |
| Name:   |  | Relationship:  |  |
| Home Number:  |  | Mobile Number: |  |

|   |  |   |  |
|---|--|---|--|
| <b>Medical Details</b>  |  |   |  |
| Doctor's Name:  |  | Telephone Number:   |  |
| Surgery Address:  |  |   |  |
| <b>Dietary Requirements OR ALLERGIES</b><br>(Please LIST them, or write NONE below) |  | Please circle all food(s) <b>FORBIDDEN</b> by religion or family preference:  |  |
|   |  |       |  |
|   |  | Beef      Pork      Chicken      Lamb      Fish/Seafood      Turkey   |  |
| Other: _____  |  |   |  |
| Any other medical information:  |  |   |  |

|   |         |          |                    |           |         |
|---|---------|----------|--------------------|-----------|---------|
| <b>Time Required</b> (please tick <b>all</b> sessions required) |         |          | <b>Start Date:</b> |           |         |
| Session times:  | Monday: | Tuesday: | Wednesday:         | Thursday: | Friday: |
| <b>7.30am-8.00am</b><br>(extra hours rates)                     |         |          |                    |           |         |
| <b>Morning session</b><br>(8am-1pm)                             |         |          |                    |           |         |
| <b>Afternoon session</b><br>(1pm-6pm)                           |         |          |                    |           |         |
| <b>6.00pm-6.30pm</b><br>(extra hours rates)                     |         |          |                    |           |         |

**PLEASE TURN OVER:**

**Please tell us how you heard about Birdhurst Day Nursery:**

**Ethnic Origin**  
 The confidential information provided in this section allows us together with the Local Authority to monitor the diversity of applications we receive and enables us to develop appropriate policies and procedures regarding diversity and equal opportunities.

|  |   |
|--|---|
| <p><b>Asian / Asian British</b></p> Bangladeshi <input type="checkbox"/><br>Indian <input type="checkbox"/><br>Pakistani <input type="checkbox"/><br>Any other Asian background: <input type="checkbox"/><br>(specify if you wish).....  | <p><b>Black / Black British</b></p> African <input type="checkbox"/><br>Caribbean <input type="checkbox"/><br>Any other Black background: <input type="checkbox"/><br>(specify if you wish) .....   |
| <p><b>Mixed Heritage</b></p> Asian and White <input type="checkbox"/><br>Black African and White <input type="checkbox"/><br>Black Caribbean and White <input type="checkbox"/><br>Any Other Mixed Heritage Background <input type="checkbox"/><br>(specify if you wish) ..... | <p><b>White / White British</b></p> British <input type="checkbox"/><br>Irish <input type="checkbox"/><br>Traveller of Irish heritage <input type="checkbox"/><br>Gypsy/Roma <input type="checkbox"/><br>Any other White background <input type="checkbox"/><br>(specify if you wish) ..... |
| <p><b>Other</b></p> Any other ethnic group <input type="checkbox"/><br>(specify if you wish) .....   | <p><b>Chinese</b></p> Any Chinese background <input type="checkbox"/><br>(specify if you wish) .....<br><hr/> <p><b>Prefer not to say</b> <input type="checkbox"/></p>  |

**Any other agencies involved with your family:**

|                            |                 |
|----------------------------|-----------------|
| Health Visitor:            | Contact number: |
| Social Worker:             | Contact number: |
| Other:<br>(please specify) | Contact number: |

**Any other information you feel is important to share about your child:**

I/We wish to register my/our child for Birdhurst Day Nursery. I/We understand a place will only be offered if/when one becomes available. At this time I/We will provide Birdhurst Day Nursery with 2 weeks deposit and 2 weeks fees in advance. I/We understand a place cannot be guaranteed until this is provided.

Signed: \_\_\_\_\_ Parent/Carer      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Carer      Date: \_\_\_\_\_

**Please return this form to:**  
 Nursery Manager, Birdhurst Day Nursery, 40 South Park Hill Road, South Croydon, CR2 7DU

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 Office use only:  
 Birth Certificate.....      Proof of Address.....      Declaration.....