

Start date: / /



Security Password for collection of your child:

2 Alexander Road
Worcester
WR2 4AJ
T | 01905 748478
www.poppinsdaynursery.com

Registration Form 2024

A completed and signed registration form and fee of £100 is required to book a place at Poppins. This £100 is non-refundable.

Child's Name: (Forenames)		Surname:	
Known as:		Date of Birth:	

Parent name who has parental responsibility:		Parent name who has parental responsibility:	
Address:		Address:	
Home Telephone No:		Home Telephone No:	
Mobile Telephone No:		Mobile Telephone No:	
Work Telephone No:		Work Telephone No:	
<input type="checkbox"/> Lives with Child		<input type="checkbox"/> Lives with Child	

Parental Contact 1 – Email address:	
Parental Contact 2 – Email address:	

The name of the person/people who has legal contact with the child:		The name of the person/people who has legal contact with the child	
Address:		Address:	
Home Telephone No:		Home Telephone No:	
Mobile Telephone No:		Mobile Telephone No:	
Work Telephone No:		Work Telephone No:	
<input type="checkbox"/> Lives with Child		<input type="checkbox"/> Lives with Child	

Other Emergency Contact Name & Relationship to Child:		Contact Number:	
Other Emergency Contact Name & Relationship to Child:		Contact Number:	
Please ensure that you have gained consent from your emergency contacts and that they have seen and agree to our privacy policy.			

Please tick sessions required:	Monday	Tuesday	Wednesday	Thursday	Friday
7.30 Early start					
Full day (8am-6pm):					
Expected Date of Entry:					

Doctors Name:		Doctors Address:	
Allergies if any:			
Are you registered to a Dentist?	Yes/No	Dentist Address:	

Food allergies: (A list of food allergens is listed on the displayed Nursery menu)	
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Is there anything else we should know?	
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	Parental Contact 1	Parental Contact 2
Signed:		
Full Name:		
Date:		

You can choose to answer the following questions, however you are not required to:

Child's religion.....

Child's Ethnic Origin.....

Does your child attend another setting? If so, can you complete the contact details please.
Setting Name:

Contact Details:

1st Language within the family home:.....

2nd Language within the family home:.....

Is your child or have they ever been looked after by the Local Authority? ☐ YES ☐ NO

Occasionally we need to share information with a third party regarding your child's learning, welfare and developmental needs. We will discuss with you prior to sharing any information.
I consent to information sharing: - YES ☐ NO ☐

Signed:

Please ask to see a copy of Poppins Day Nursery Privacy Policy

Where did you hear of Poppins Day Nursery (please circle):	Children's Information Service	Word of Mouth	Past/Current Parent	poppinsdaynursery.com	daynurseries.co.uk
Other, Please State:					

For Office Use Only:

Deposit:	Date Deposit Paid:	Date of 1 st Settling Visit:	Date of 2 nd Settling Visit:	Date Parent Pack Issued:	First Date of Attendance: