**Which nursery would you like to register for?**

|  |  |
| --- | --- |
| Toddletown Farncombe |  |
| Toddletown Farnham |  |

**Child’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Prefer to be known as** |  |
| **Gender** |  | **Date of Birth** |  |
| **Address** |  | | |
| **Spoken language(s)** |  | | |
| **Health requirements including allergies** |  | | |
| **Special Educational Need requirements** |  | | |

**Parent / Carer Details**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Carer 1** | **Parent/Carer 2** |
| **Relationship to child** |  |  |
| **Full name** |  |  |
| **Address if different to the child’s** |  |  |
| **Mobile number** |  |  |
| **Home telephone number** |  |  |
| **Email address** |  |  |
| **Occupation** |  |  |
| **Work number** |  |  |
| **Work address** |  |  |
| **Parental responsibility** | **Yes No** | **Yes No** |

**Emergency Contacts (in case of emergency where parents/carers can’t be contacted)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact One** | | | | |
| **Full Name** | |  | | |
| **Relationship to the child** | |  | | |
| **Address** | |  | | |
| **Telephone number** |  | | **Mobile number** |  |
| **Contact Two** | | | | |
| **Full Name** | |  | | |
| **Relationship to the child** | |  | | |
| **Address** | |  | | |
| **Telephone number** |  | | **Mobile number** |  |

**Your Childcare Requirements:**

|  |  |  |
| --- | --- | --- |
| **Preferred start date:** | **/ /** | **Minimum of two days a week** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Standard care from 8:00am- 6:00pm** |  |  |  |  |  |
| **Additional care from 7:30am-8:00am** |  |  |  |  |  |
| **Additional care from 6:00pm-6:30pm** |  |  |  |  |  |

**By signing the registration form you confirm that:**

* You have read the parent terms and conditions
* The information provided above is correct at time of signing and you will update us if any changes do occur

|  |  |
| --- | --- |
| **Parent/Carer 1 signature** |  |
| **Date** |  |
| **Parent/Carer 2 signature** |  |
| **Date** |  |

Please email or hand in your completed registration form to your chosen nursery

|  |  |
| --- | --- |
| Farncombe | Farnham |
| Tel: 01483 947270  office@toddletowndaynursery.co.uk  Toddletown Nursery  The Old Gospel Hall  Lower Manor Road  Farncombe  GU7 3EG | Tel: 07811123762  office@toddletowndaynurseryfarnham.co.uk  Toddletown Day Nursery  The Pump House  Kimbers Lane  Farnham  GU9 9PT |