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Email: [cranfordnursery@yahoo.com](mailto:cranfordnursery@yahoo.com)  
[www.cranfordnurseryschool.co.uk](http://www.cranfordnurseryschool.co.uk)

Registration Form

Family Details

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mothers/Carer Surname: \_\_\_\_\_

First Name \_\_\_\_\_

Tel: Home:

Mobile:

Work:

Mothers Email address \_\_\_\_\_

Mothers Occupation: .....

Mothers home address:

Fathers/Carer Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Tel: Home:

Mobile:

Work:

Fathers Email: \_\_\_\_\_

Fathers Occupation: .....

Fathers home address (if different)

**Who to contact in an emergency:**

If we cannot contact the parent/carer we need as many different contacts as you can give us.

(1) Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Relationship to child  
\_\_\_\_\_

(2) Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Relationship to child  
\_\_\_\_\_

(3) Name \_\_\_\_\_ Tel No: \_\_\_\_\_

Relationship to child  
\_\_\_\_\_

Health & Medical Information

Name of Child's GP:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Tel No:  
\_\_\_\_\_

Name of Child's Health Visitor:  
\_\_\_\_\_

Tel. No:  
\_\_\_\_\_

Immunisations/Vaccinations:  
\_\_\_\_\_

Diphtheria

Tetanus

Whooping Cough

Measles

Mumps

Rubella

HIB

Polio

**Allergies:**

**Medical Conditions:**

**Medical Emergency:**

Written Parental permission is requested to the seeking of any necessary emergency medical advice or treatment in the future.

**Sign here to consent:**

.....

Does your child have any known dietary requirements or preferences?

**Special Information- does your child have any social, emotional or/and behavioural needs**

Does your child have any cultural needs?

What is your child's first language at home .....

What other language does your child speak: .....

Any other cultural needs .....

Any further information that you would like the day care staff to be aware:

I/we give permission for the following in relation to our child:

- |  |          |
|--|----------|
| Be taken on supervised outings             | Yes / No |
| To be taken on public transport            | Yes / No |
| To have their photograph taken             | Yes / No |
| To have their image appear on social media | Yes / No |

To have their photograph in Newspapers	Yes / No
Sun cream to be provided by the parent and administered by staff	Yes / No
Help with toileting	Yes / No

**Has your child attended any other nurseries? Please name the nurseries below:**

- 1.
- 2.
- 3.

Sign here to give permission for Fiona Harcourt to contact the nursery if required.

Sign: \_\_\_\_\_

Print name: \_\_\_\_\_

- 
- 

**Transition to school:**

Your child's new school teacher will phone to speak to the nursery and may ask to visit your child in nursery, by signing your nursery contract you have given permission for us to speak with your child's teacher if you do not wish for us to speak to your teacher or to discuss any sensitive information (on a needs to know basis) then please put this in writing to Fiona Harcourt.

I give permission for the nursery to speak to my child's school teacher and to share information about my child.

I/We have been informed and agree to the settings policies, procedures and Statement of Purpose.

I/We have been informed about the arrangements in regards to the pets kept at the setting.

I/We give permission for emergency medical treatment or advice to be sought

Signed: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_

Registration Details

Sessions required by your Child:

Breakfast club: Name of school and year group .....

After school club: Name of school and year group .....

Holiday club:.....

NURSERY: FULL DAY/ SCHOOL DAY/ MORNING/AFTERNOON

	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

Date you would like your Child to start Cranford Nursery School.  
Children MUST be two years old before they start:

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**Parent Consent:**

I agree to the terms and conditions of the nursery policies and procedures.  
I have received, read, understood and agree to the terms and conditions of  
my parental contract with the nursery.

**Please sign here to consent:**

**Please print name:**

**NAMES OF PEOPLE AUTHORISED TO COLLECT YOUR CHILD**

Name of person/s to collect child:

**Is there any person your child may not have contact with?**

**provider to complete**

Agreement start date:

Agreement End Date:

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Agreement Review date: \_\_\_\_\_ Staff sign:



**Name of Child:**

**Date:**

**I have received, read and understood and agree to the terms and conditions of my parental contract with Cranford Nursery Ltd.**

Parent/carer please sign;

Parent carer please print name: