

Registration Form  
for  
*The Red House Nursery School*

<b>Child's Full Name</b>		
Date of Birth		
Legal Guardian		
Mother's Name		
Father's Name		
Address		
Email		
Day Time Telephone Number		
Emergency Telephone Number		
Name of Family Doctor		
- Telephone Number		
Allergies or Special Medical Needs		
<b>Term &amp; Date of Entry to Red House</b>		
Sessions	Tuesday - 9.00 - 12.30	
	Wednesday - 9.00 - 12.30	
	Thursday - 9.00 - 12.30	
	Friday - 9.00 -12.30	
Primary School Child will attend		
Term of Entry to Full Time School		
Any Other Comments		

I agree to abide by the rules of the Red House Nursery School as published from time to time.

I agree to photographs being taken of my child from time to time which may be published in the local press, on the Nursery web site [www.red-house-nursery-school.co.uk](http://www.red-house-nursery-school.co.uk) or kept in the Nursery School photo albums.

I agree to my child being taken direct to hospital or to being seen by the nearest available doctor should an emergency arise.

.....  
Signed

.....  
Date