



Registration Form

First Name:_____ Surname:_____

Middle Name/s:_____ Gender:_____

Date of Birth:_____ Ethnicity:_____

Address:_____

Parent/ Carer 1

Parent/ Carer 2

Name:_____

Name:_____

Address:_____

Address:_____

Home Tel:_____

Home Tel:_____

Mobile Tel:_____ Mobile Tel:_____

Work Tel:_____ Work Tel:_____

Email:_____ Email:_____

National Insurance

National Insurance

Number:_____ Number:_____

Emergency Contact 1

Name:_____

Home Tel:_____

Relationship to child:_____

Mobile Tel:_____

Address:_____

Work Tel:_____

Email:_____

Emergency Contact 2

Name: _____ Home Tel: _____

Relationship to child: _____ Mobile Tel: _____

Address: _____ Work Tel: _____

_____ Email: _____

Password: _____

Allergies/ Dietary Requirements:

Additional Needs/ Special educational needs or disabilities (Further details to be discussed with your child's key worker):

Tax Free Childcare Eligibility Code: _____

(If claiming all or part of your nursery fees using the government's tax free childcare scheme)

Confirmation:

Parent/ Carer 1 Signature: _____ Date: _____

Parent/ Carer 2 Signature: _____ Date: _____

Please note: Permissions forms will be emailed separately on receipt of completed registration form.

Office Use Only

(£50 Deposit payable at time of registration to be refunded on second invoice in excess of £200)

Administration deposit paid?

Yes / No

Amount Paid: £

Amount refunded at second invoice: £

Invoice Number:

Deposit not refunded ☐

Reason: _____

Please post/email completed form to:

Address:

MANOR FARM DAY CARE LTD

WESTERN BARN

CHIPPING WARDEN

NR BANBURY

OX17 1LH

Email:

Admin@manorfarmdaycareltd.co.uk