



Medlock[™]
Day Nursery

Out of School Registration Form



Medlock Day Nursery
270 Lee Street
Oldham
OL8 1BG
0161 526 5645
www.medlockdaynursery.co.uk

PARENT/CARER DETAILS

Parent/Carer 1:
 Name: _____ Mr/Mrs/Ms/Dr/Other: _____
 Address: _____
 Postcode: _____ Telephone Number: _____
 Parental Responsibility? Yes No
 Employers Name: _____ Work Number: _____
 Address: _____
 Postcode: _____ Mobile Number: _____
 Email Address: _____ (Home/Work)
 _____ (Home/Work)

Parent/Carer 2:
 Name: _____ Mr/Mrs/Ms/Dr/Other: _____
 Address: _____
 Postcode: _____ Telephone Number: _____
 Parental Responsibility? Yes No
 Employers Name: _____ Work Number: _____
 Address: _____
 Postcode: _____ Mobile Number: _____
 Email Address: _____ (Home/Work)
 _____ (Home/Work)

Who does the child live with? _____
 Does anyone else hold Parental Responsibility for this child? (If yes, please detail)

AUTHORISED TO COLLECT

Please provide details of any other persons who have permission to collect your child

Full Name: _____ Contact Number: _____
 Relationship to child: _____ Password: _____
 Full Name: _____ Contact Number: _____
 Relationship to child: _____ Password: _____

Please provide a photograph of anyone listed to be kept on your child's file, this will be used for verification purposes only

CHILD DETAILS

Full Name: _____ EDD/Date of Birth: _____
 Known as: _____ Gender: Male Female Unknown
 Ethnic Origin: _____
 First Language: _____ Other Languages: _____
 Birth Certificate seen and copied?

ATTENDANCE

Please indicate your required booking pattern

	Before School 7.30am—9.00am	After School 3.00pm—6.00pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Start date: _____ School Attending: _____

MEDICAL DETAILS

Doctors Name: _____
 Doctors Address: _____
 Telephone Number: _____
 Health Visitor: _____
 Telephone Number: _____
 Are all immunisations up to date?
 Yes No
 If no, please state exceptions: _____

 Does your child have any Additional Needs we need to be aware of?

Does your child have any medical needs?

Does your child have any dietary requirements?

Does your child have any allergies?

Are you and/or your family receiving support from the following agencies?
 Paediatrician Social Services
 Speech and Language
 Family Support