

GOLDSTAR NURSERY LTD

Please complete both sides of this form and return to the address overleaf

Registration Form

Child's name..... DOB Age..... Sex.....

Ethnic origin First Language.....

Home address.....

Email.....

Telephone

Fathers name.....

Place of work.....

Daytime Telephone number.....

Mobile.....

Mothers name.....

Place of work.....

Daytime telephone number.....

Mobile.....

Who to contact other than the above in case of an emergency...

1. Name Telephone number.....

2. Name..... Telephone number.....

Name of person who will collect child daily.....

Childs doctor

Address..... Telephone number.....

Details of any injections/immunisations already received by your child

.....

Details of previous illness.....

Please give details of any allergies or health problems.....

If your child should not be given any foods/drink, please indicate the reason.....

.....

Care plan

Is there anything we should know about your child i.e. comfort toys, whether they sleep and

how long for ?.....

.....

Desired month of entry.....

Days of the week desired.....

During the school year a period of two weeks can be taken at half fees.

Please note that the Christmas period and bank holidays are charged for.

Enclosed is the registration fee £50, which is non refundable.

The £250 deposit is only returned once your child is at the nursery and one months notice is given.

It is not returned if the place is not taken up by you after it has been offered.

I/we understand and accept that the head teacher reserves the right to request the removal of a child if their behaviour is disruptive.

I/ we have read, understood and agree to the current fees, regulations and running of Goldstar Nursery explained in the prospectus. I/we wish to enrol the above named child for admission to Goldstar Nursery.

Signed..... Date.....

Signed..... Date.....

ACCIDENT /ILLNESS AUTHORISATION FORM

I understand that in the unlikely event of my child.....
Becoming ill or suffering an accident whilst at nursery, the staff will promptly try to contact one of
the designated persons at the following numbers;

1.....Telephone number.....

Relationship to child.....

2.....Telephone number.....

Relationship to child.....

3.....Telephone number.....

Relationship to child.....

I agree to the 'Head Teacher' or her staff to giving consent for any necessary treatment in the
unlikely event of not being able to contact any of the above persons.

Signed.....

Relationship to the child

Note

On completion please return the;

- 1/ Registration and accident / illness form.
- 2/ Registration fee (made payable to Goldstar).

Return Address

Goldstar Nursery Ltd
466 - 468 Baker Street
Enfield
Middlesex EN1 3QS