



The Railway Nursery

Old School, High Street, Lavendon, Bucks, MK46 4HA

01234 241246

Office use only.	Start date:-
	Attendance:-

Registration Form

Family Name:-	Child's Name:-
Sex:-	
Parent/Guardians Name(s):-	Date of Birth:-
Home Address:-	Telephone No:-
Parental Guardianship (Please Circle One) Shared Contact 1 Contact 2	

Parent/Guardians place of employment.	
Contact 1: Company Name:-	Telephone No:-
Address:-	Hours of work:-
Profession/Skill:-	
Contact 2: Company Name:-	Telephone No:-
Address:-	Hours of Work:-
Profession/Skill:-	

Other contacts in case of emergency.	
Name:-	Telephone:-
Relationship:-	
Name:-	Telephone:-
Relationship:-	

Names of Person(s) authorised to collect from Nursery.	
Name:-	Telephone No:-
Name:-	Telephone No:-
Please notify us of any changes. No Child will be released to an unauthorised person.	

Child's Background
Nationality:-
Ethnic Background:-
Home Language:-

Doctor's Contacts
Doctor's Name:-
Address:-
Telephone No:-
Health Visitors Name:-

Immunisations								
Please circle if immunisation has been received.								
Diphtheria	Whooping cough	Tetanus	Polio	Measles	Hib	MMR	Pneumococcal	Meningococcal C

Allergies
Is your child allergic to anything?
Has your child been in hospital recently:-

Any Further Information
Please tell us any information which will help us know your child better- siblings, likes and dislikes, fears, recent events which may have an effect on your child, religious observance, health matters.