



The Manse Nursery Registration Form

Child's Name: _____

Date of Birth: _____

Home Address: _____

Tel. No: _____

Email Address: _____

Mother's name and place of work: _____

Tel. No: _____

Father's name and place of work: _____

Tel. No: _____

Emergency Contact Name (other than above): _____

Tel. No: _____

Doctor's name: _____

Doctor's Address: _____

Tel. No: _____

Registered Dentist's Details: _____

Special Dietary Needs: _____

Allergies: _____

How many times has your child been stung by a bee/wasp?: _____

Religion: _____

Ethnicity: _____

Full permission is given to The Manse Nursery to:

- | | |
|---|----------|
| Take your child to hospital in an emergency | yes / no |
| Take your child's photograph and observe them
(Manse/student portfolio use only) | yes / no |
| Apply antihistamine in the event of a nettle/insect sting | yes / no |
| Apply sun cream to your child when necessary | yes / no |

Parent's Signature: _____

Date: _____