



# Little Pumpkins™ nursery



## Nursery Services Registration Form With Terms & Conditions

Please indicate days required ( minimum sessions apply to all age groups )

<b>Full Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the above sessions are not available, are you open to alternative days?

Y	N
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Please specify the child's first language/other languages spoken

Please specify the child's ethnicity

Please specify your preferred start date at Little Pumpkins

D	D	M	M	Y	Y
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Please specify a security password for your child

### Child Details

First Name

D.O.B/Due Date

D	D	M	M	Y	Y
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Surname

Gender

M	F	Unknown
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Does your child suffer from any severe medical conditions / allergies

Y	N
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If yes, what is the condition / allergy?

Has your child been referred to any professional service (i.e. portage, social worker, contact restriction etc.)

Y	N
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If yes, please give details

Who has legal responsibility for the child, please give details

### Mothers Details

Title

First Name

Last Name

Address

Postcode

Home Tel

Mobile

Email Address \*

\*Your email address is an essential piece of information, used to send you your monthly invoices and to communicate with you in regards to consent for your child(ren)'s care.

