

# Oaktree Day Nursery

Reginald Rd South  
Chaddesden  
Derby  
Derbyshire  
DE21 6ND  
Tel: 01332 674326

## Registration Form

Tick the correct option

Nursery

The Den

### Child's sessions.

Days	Full Day	AM	PM
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Proposed start date:- \_\_\_\_\_

### Termination.

One month's notice is required along with payment.

I have read the above terms and conditions and agree to abide by them.

**Signed:-** \_\_\_\_\_ **Date:-** \_\_\_\_\_

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### Registration.

Child's full name:- \_\_\_\_\_

Address:- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post code:- \_\_\_\_\_ Tel No:- \_\_\_\_\_

Date of birth:- \_\_\_\_\_ Sex: Male/Female

Mothers name & place of work:- \_\_\_\_\_

\_\_\_\_\_

Telephone number:- \_\_\_\_\_

Father name & place of work:- \_\_\_\_\_

\_\_\_\_\_

Telephone number:- \_\_\_\_\_

Emergency telephone:- \_\_\_\_\_ Name:- \_\_\_\_\_

Emergency telephone:- \_\_\_\_\_ Name:- \_\_\_\_\_

Doctors name & address:- \_\_\_\_\_

\_\_\_\_\_

Telephone:- \_\_\_\_\_

Does your child have any ongoing requirements e.g. diet, medication, allergies?

\_\_\_\_\_  
Immunisations (With particular reference to Tetanus)

\_\_\_\_\_

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### Consent.

**Soft play room:** Children attending the Nursery will be given the opportunity to play in our soft play room. Children will always be supervised while playing in the area.

I do / do not give permission for \_\_\_\_\_ to play in the soft playroom during Nursery hours.

Signed \_\_\_\_\_ Parent / Guardian.

**Outings:** When the weather is suitable we may take the children on outings. When outside Nursery the ratio will be one member of staff to two children.

I do / do not give permission for \_\_\_\_\_ to go on Outings during Nursery hours (by foot or by transport)

Signed \_\_\_\_\_ Parent / Guardian.

**Emergencies:** In the event of an accident Nursery staff will either administer first aid, seek medical help or take the child to a hospital or health center.

I do / do not give permission for staff to administer first aid

Signed: \_\_\_\_\_ Parent / Guardian.

I do / do not give permission for staff to seek medical help

Signed: \_\_\_\_\_ Parent / Guardian.

I do / do not give permission for staff to take my child to hospital

Signed: \_\_\_\_\_ Parent / Guardian.