

RAINBOW NURSERY AFTER SCHOOL CLUB REGISTRATION FORM

Childs Details

Childs First Name		Middle Name		Surname	
Gender		Date of Birth		Start Date	
Hair Colour		Eye Colour		Religion	
Ethnic Origin		Nationality		Language	
Does your child have a disability? <i>(If so please give details)</i>					
Please give details of any allergies that your child has and the date they were diagnosed.					
Please give details of any Dietary Requirements that your child has					

Immunisations

IMMUNISATION	Y / N	DATE IMMUNISED
BCG		
Diphtheria		
Hib		
MMR		
Meningitis C		
Poliomyelitis		
Tetanus		
Whooping Cough		

Permissions

PERMISSION	Y / N
Outings	
Photos	
Use in Promotions	
Use on Website	
Travel in Minibus	
Travel in Car	
Calpol	
Administer On-going Medication	
Plasters	

I hereby consent to my child receiving medical treatment if the nursery manager or a doctor thinks it is required and I cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

Signed _____ Relationship _____ Date _____

Parents Details

Fathers First Name		Surname		Date of Birth	
Mothers First Name		Surname		Date of Birth	
Address					
Town					
County		Post Code		Home Telephone Number	
Email Address					
Who would you like to be contacted first if you child becomes ill?					

Fathers Work Details

Company Name			
Address			
Town			
County		Postcode	
Work Telephone Number		Mobile Number	

Mothers Work Details

Company Name			
Address			
Town			
County		Postcode	
Work Telephone Number		Mobile Number	

Emergency Contact Details

Name		Relationship	
Address			
Town			
County		Postcode	
Home Telephone Number		Mobile Number	

Doctors Details

Doctors Name					
Address					
Town					
County		Postcode		Telephone Number	

Health Visitors Details

Health Visitors Name					
Address					
Town					
County		Postcode		Telephone Number	

Please tick the sessions you require

Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM	
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Please tick the statement that applies to either the child's mother or father.

Employee of St.Andrews University	Student of St.Andrews University	Researcher of St.Andrews University	Other
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I hereby give consent to my child joining in all outings and swimming provided there is appropriate supervision under the Children's Act 1989.

Signed _____ Relationship _____ Date _____

I agree to give one months notice of my child's removal from the nursery.

Signed _____ Relationship _____ Date _____

I enclose a deposit of £50.00 to book a place for my child at Rainbow Nursery. This deposit secures the place for 28 days.

(This is a non-refundable deposit if the place is cancelled)

Signed _____ Relationship _____ Date _____

How did you find out about us?

PLEASE RETURN TO APPROPRIATE NURSERY ADDRESS BELOW

Rainbow Nursery Glenrothes
Pentland Park
Glenrothes
Fife
KY6 2AL
[Tel:- 01592 630126](tel:01592630126)

Rainbow Nursery St Andrews
Strathkiness
High Road
Fife Park
St Andrews
KY16 9UE
[Tel:- 01334 470642](tel:01334470642)

STANDING ORDER MANDATE

Customer Details:

Name:

Address:
.....

Name of Bank:
.....

Address of Bank:
.....

Sort Code: Account Number:.....

To the Bank:

Please pay the Rainbow Nursery sort code – 72-00-00
Account Number - 01123033
the sum of

£..... every 4 weeks/month

Starting on

Reference:..... (child's name)

Signature of Account Holder(s)

1st Signature

2nd Signature

PLEASE PASS THIS TO YOUR BANK
AN INVOICE WILL BE ISSUED FOR THE 1ST 4 WEEKS UNTIL THE MANDATE IS
IN PLACE