

**KEELE UNIVERSITY DAY NURSERY**

**PRE REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name (if known): | | Male | Female |
| Date of Birth if known : | Estimated due date: | | |
| Address: | | | |
| Postcode: | Telephone number: | | |
| Mother/Carer name: | | | |
| Mobile number: | Email address: | | |
| Father/Carer name: | | | |
| Mobile number: | Email address: | | |
| **Please remember to notify us of any change in your details/requirements**  **i.e. correct contact details if you will be on maternity leave** | | | |

|  |  |
| --- | --- |
| Nationality:  Religion: | Main spoken language:  Additional spoken language: |

|  |
| --- |
| Does your child have: |
| Special dietary requirements? |
|  |
| Medical requirements (i.e. milk intolerance, nut allergy, allergy to soap powder)? |
|  |
| Any additional information that you feel may be relevant prior to your child commencing at the nursery? |
|  |
| None known |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To help with future marketing would you please state how you heard about us? | | |  | | | | | | | |
| **Please tick:**  **◌** Staff (salaried by the University)  **◌** Undergraduate student at Keele University  **◌** Post Graduate student at Keele University  **◌** Community  **◌** Campus based company Company name and address: ……………………………………………………...  .……………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………… | | | | | | | | | | |
| **Date you wish your child to start:**  **For 3 year old children only – will you be claiming 30 hour funding Yes No (please circle)** | | | | | | | | | | |
| Monday | | Tuesday | | | Wednesday | | Thursday | | Friday | |
| am | pm | am | | pm | am | pm | am | pm | am | pm |
|  |  |  | |  |  |  |  |  |  |  |