

**KEELE UNIVERSITY DAY NURSERY**

**PRE REGISTRATION FORM**

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| --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |  |  |