



Play Learn and
Grow Together

GREEN LANE NURSERY

45/47 Green Lane, New Malden, Surrey, KT3 5BU

Tel: 07804 438981

info@greenlanenursery.com

Registration form

Child Details

First name: Other names:

Surname: Sex: F / M

Place & DoB: Religion:

Home address:.....

..... Postcode: Tel:

Email address:.....

First language: Other languages:

Nationality: Borough of residence:

Family Doctor's details & Medical History

Surgery/Doctor name:

Address:

Postcode: Tel:

Last immunisation date for: Tetanus/Diphtheria/Whooping Cough & Polio.....

MMR HIB (Meningitis)

BCG Other

Has your child had any infectious illnesses? If so please provide details:

.....

Details of any special health problem (i.e. known allergies/intolerance):

.....

Special Religious or Cultural needs:

.....

Other special needs:

.....

Parent / Carer Details

Mother / First Carer:

Country of origin: First language:

Home address:

..... Postcode: Tel:

Occupation: Hours of Work:

Work address:

..... Postcode: Tel:

Father / Second Carer:

Country of origin: First language:

Home address:

..... Postcode: Tel:

Occupation: Hours of Work:

Work address:

..... Postcode: Tel:

Parental Responsibility:

Emergency Contact numbers (other than Parent/Carer)

Name Contact 1: Tel:

Relationship to child:

Name Contact 2: Tel:

Relationship to child:

Sessions Required

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session 9.30-12.30					
Afternoon Session 12.30-14.30					
Starting from:					

Declaration

I have read and agree to the Nursery rules

I have enclosed a cheque/cash for £50

I have enclosed copy of a full Birth Certificate

for the Registration fees
(Non refundable)

Print Name: Signature: Date: