

# Registration Sheet

## For Little Fox Nursery



Information about your child	
Full Name:	
Address:	Post Code:
Place of Birth:	Country of Residence:
D.O.B:	Birth Certificate No.
Insurance Number:	Mother Tongue:

Mother	Father
Full Name:	
Address:	
Telephone:	
Employer*:	

Emergency Contact:

For the nursery to fill in				
School Year	School	Class	Start Date	End Date

\*Not Required

**Doctors Confirmation**

**THIS SECTION MUST BE FILLED IN BY A DOCTOR**

1. This child is healthy and able to attend the nursery

.....

2. The child requires extra care and attention.      a)      b)      c)      d)

- a) Medical
- b) Physical
- c) Mental
- d) Other

Elaborate if D is selected:.....

.....

.....

Allergies:.....

.....

.....

3. Is the child thoroughly vaccinated?

.....

.....

.....

4. Is the child able to partake in extracurricular activities?

.....

Location: ..... Date: .....

Signature and stamp of Doctor

.....

**THIS SECTION MUST BE FILLED IN BY THE NURSERY**

Postponement of school attendance

From:.....

Reference number:.....

List of people allowed to pick up the child:

.....  
.....  
.....  
.....

---

For divorced parents

Divorce Reference Number:..... Divorced Since:.....

Legal Guardian :.....

Can the other parent see the child at any time, if not please elaborate

.....

---

I declare I will take my child to the classroom upon arrival, report any change of information in this form and let the staff know of any absences and provide appropriate reasoning.

Date: .....

Signature of both parents,  
If applicable

.....  
.....