



Noah's Ark Day Nursery

Two by Two Ltd

Gibbs street, Whitmore Reans, Wolverhampton, WV6 0RD

Email: noahsnursery29@yahoo.com website: noahsarkdaynursery.info Tel: 01902 426 058

Registration form

Childs full name:	Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address: Post code:	Ethnicity:	
	Religion:	
	Home Language:	
Does your child have dietary requirements? (Vegetarian/halal/dairy intolerance etc)	Is your child up to date with their immunisations?	
Name & Address of child's GP: Contact number:	Is your child registered at a dentist? Yes / No If yes please name practice:	
Mother full name: Contact number: Email address:	Date of birth: Occupation: National insurance:	
Fathers full name: Contact number: Email address:	Date of birth: Occupation: National insurance:	

Please provide emergency contact details for individuals we may contact if we are unable to reach you. These contacts must be different from those listed above.

Emergency contact 1

Name:

Relationship to child:

Contact number:

Emergency contact 2

Name:

Relationship to child:

Contact number:

Is there anyone who is not legally allowed to pick up your child?

Please state who holds parental responsibility for the registered child?

Does your child have any diagnosed special education needs or disabilities?

If yes please state below:

Will your child be attending another setting while at Noah's Ark? Yes / No

If so, please state which nursery and what days and times:

Does your child receive any government funded hours?

Working Parents 9months- 2 years 30 hours
Code:

Terrific for Two 15 hours
Code:

Extended 30hours for 3-5 years
Code:

Student Grant Finance Support

Will a college be paying for your childcare? Yes / No

If so, please state which college?

Please tick your preferred days and circle sessions:

- Monday - Full day / Afternoon / Morning
 Tuesday - Full day / Afternoon / Morning
 Wednesday - Full day / Afternoon / Morning
 Thursday - Full day / Afternoon / Morning
 Friday - Full day / Afternoon / Morning

Notes:

Please provide a password that will need to be given if someone new picks up your child:

Password:

Any individual collecting your child must know the agreed password and provide a parent's contact telephone number and their current address.

Which of the following forms of identification do you currently hold?

Child

- Birth certificate
 Passport

Adult

- Passport
 Driving Licence

Other:

I confirm that all the information entered above is accurate to the best of my knowledge. I acknowledge that it is my responsibility to keep this information up to date at all times.

Parents signature:

Date: