



HOLISTIC
EARLY YEARS
DEVELOPMENT

Welcome Booklet

Child's name :

Date :

REGISTRATION

CHILD DETAILS

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: ____ / ____ / ____

Gender: Male ____ Female ____ (Please Tick)

Nationality: _____

Mother Tongue: _____

PARENT DETAILS - 1

First Name _____

Last Name: _____

Address1: _____

Address 2: _____

Town / City: _____

Country: _____ PO Box _____

Mobile: _____

Home: _____

Work: _____

Email: _____

Relationship to Child: _____

Employment Status: Employed (Full time) ___ Employed (Part time) ___ Unemployed ___

Employment Type: Self Employed ___ House wife ___ Company or Organization ___

Employer Details:

Company Name: _____

Address 1: _____

Address 2: _____

Town / City: _____

Country: _____ PO Box _____

PARENT DETAILS - 2

First Name _____

Last Name: _____

Address1: _____

Address 2: _____

Town / City: _____

Country: _____ PO Box _____

Mobile: _____

Home: _____

Work: _____

Email: _____

Relationship to Child: _____

Employment Status: Employed (Full time) ___ Employed (Part time) ___ Unemployed ___

Employment Type: Self Employed ___ House wife ___ Company or Organization ___

Employer Details:

Company Name: _____

Address 1: _____

Address 2: _____

Town / City: _____

Country: _____ PO Box _____

EMERGENCY CONTACT - 1

First Name _____

Last Name: _____

Mobile: _____

Home: _____

Work: _____

Relationship to Child: _____

EMERGENCY CONTACT - 2

First Name _____

Last Name: _____

Mobile: _____

Home: _____

Work: _____

Relationship to Child: _____

MEDICAL RECORD

Child Health & Immunization Record:

	Illness	Immunised
BCG	_____	_____
Hepatitis A	_____	_____
Hepatitis B	_____	_____
OPV / IPV	_____	_____
HIB	_____	_____
Rotavirus	_____	_____
Measles	_____	_____
Meningitis C	_____	_____
Mumps	_____	_____
Pneumonia	_____	_____
Rubella	_____	_____
Typhoid	_____	_____
DPT/ DTaP	_____	_____
Chicken Pox	_____	_____

Doctor's Details:

Name: _____

Telephone: _____

Other Health Problems:

Allergies:

Special Dietary Requirements:

AGREEMENT AND CONSENT

You confirm that the information you have provided is both complete and accurate and you understand that the giving of false information could invalidate your childcare contract terms and conditions.

You confirm to have read the Terms and Conditions of the Nursery including Settling In, Parent Partnership, Consent for photographs and videos, Medical and Payment Terms and agree to comply with them and any updated regulations and instructions where necessary.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Head of School Signature: _____ Date: _____

REGISTRATION CHECKLIST

Passport photographs of Child and Parents: _____

Terms and Conditions: _____

Schedule of Fees: _____

Immunization Records: _____

Allergy Information: _____

Term Schedule: _____

Learning areas: _____

Copy of Birth Certificate: _____

START DATE

___ / ___ / _____