



Millies Registration Form

Day	Long Morning 8am -2pm	School day 9-3	Extended school day 8-4
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Childs details

Name: _____

Surname: _____

Date of birth: _____ Gender: _____

Ethnicity: _____ Religion: _____

Language/s spoken: _____

Address: _____

Postcode: _____

NHS number: _____

Parent/Carer - upon signing this form you adhere to the TOB'S set by Millie's Day Nursery LTD and accept the GDPR private policy.

We/I agree to the TOB'S and the GDPR private policy.

Parents signature: _____ Date: _____

Millies's Signature: _____ Date: _____

Registration fee £60.00

Paid: YES / NO Date payment received: _____

Office only

Child's Full birth certificate provided : Yes / No

Start date _____

Registration received _____

Parental Responsibility (please circle I or We)

I / We have parental responsibility for the above child.

Parent signature _____ Date _____

Parent 1

Name _____ D.O.B _____

Address if different from child _____

Mobile Number _____ Landline _____

Work address _____

Work phone number _____

National Insurance Number _____

Nationality _____ Ethnicity _____

Language/s spoken _____ Religion _____

Email Address _____

Parent 2

Name _____ D.O.B _____

Address if different from child _____

Mobile Number _____ Landline _____

Work address _____

Work phone number _____

National Insurance Number _____

Nationality _____ Ethnicity _____

Language/s spoken _____ Religion _____

Email Address _____

Emergency contact information

Contact 1

Their name: _____

Their relationship to the child: _____

Contact number: _____

Contact 2

Their name: _____

Their relationship to the child: _____

Contact number: _____

Contact 3

Their name: _____

Their relationship to the child: _____

Contact number: _____