



Millie's Registration Form

Day	8am-1pm 3 mornings	8am-3:30pm (Thursday and Friday)	1pm-4pm Monday-Friday
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Childs details

Name: _____

Surname: _____

Date of birth: _____ Gender: _____

Ethnicity: _____ Religion: _____

Language/s spoken: _____

Address: _____

Postcode: _____

NHS number: _____

Birth Certificate Number: _____

Parent/Carer signing this form you agree to adhere to the Terms of Business set by Millie's Day Nursery, Borehamwood Ltd and our GDPR private policy

Parents signature: _____ Date: _____

Millie's Signature: _____ Date: _____

Parental Responsibility (circle I or we)

I/We have parental responsibility for the above child

Parent signature: _____ **Date:** _____

Parents details 1

Name: _____

Date of birth: _____ National Insurance number: _____

Address (if different from the child): _____

Mobile number: _____ Home number: _____

Work address: _____

_____ Post code: _____

Work number: _____ Email: _____

Nationality: _____ Ethnicity: _____

Religion: _____ Language/s spoken: _____

Parents details 2

Name: _____

Date of birth: _____ National insurance number: _____

Address (if different from the child): _____

Mobile number: _____ Home number: _____

Work address: _____

_____ Post code: _____

Work number: _____ Email: _____

Nationality: _____ Ethnicity: _____

Religion: _____ Language/s spoken _____

Emergency contact information

Contact 1

Their name: _____

Their relationship to the child: _____

Contact number: _____

Email address: _____

Contact 2

Their name: _____

Their relationship to the child: _____

Contact number: _____

Email: _____

Contact 3

Their name: _____

Their relationship to the child: _____

Contact number: _____

Email: _____