



# Future Rose Nursery Registration Form

## Child Details

Name: .....

Date of Birth: .....

Gender:      Male      Female

Nationality: .....

Residential Address: .....

## Family Details

Number of Siblings Enrolled in Future Rose Nursery: .....

Number of Direct Family Members: ..... Child's Birth Order: .....

Father's Name: ..... Occupation: .....

Mobile Number: ..... Telephone: .....

Email: .....

Mother's Name: ..... Occupation: .....

Mobile Number: ..... Telephone: .....

Email: .....

## Medical and Behavioral History

Does your child have any medical condition or food sensitivity?      No      Yes. Please Specify: .....

Does your child experience the following behavioral traits?      Constant Crying      Aggression      Defiant  
Behavior      Something else

Does your child express anger by yelling, biting and hitting?      Yes      No      Sometimes

Is your child toilet trained?      Yes      No      Does the child wear diapers?      Yes      No

Do you agree to face-painting?      Yes      No

Would you give permission to have your child (3 Yrs +) attend field trips?      Yes      No

Do you give permission to use First-Aid on your child incase of emergency?      Yes      No

Do you give permission to use your child's photos in posters and social media accounts?      Yes      No



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## Emergency Contact Details

Name: ..... Phone: ..... Relation to child: .....

Name: ..... Phone: ..... Relation to child: .....

## Guardian's Signature

Name: ..... Date: ..... Signature: .....

How did you find out about Future Rose Nursery?      A friend/relative      Social Media      Website