

MOOINJER VEGGEY
BALLASALLA

RECORTYSSEY LHIANNOO/ CHILD REGISTRATION

Ennym/ Name:.....

Ruggit/ Date of Birth:.....

Enmys/ Address:.....

.....Chellvane/ Telephone.....

Ennym y phaarantyn/
Parents' names

Boayl obbyr/ Place of work.....

.....Chellvane/ Telephone.....

Post- L / Email.....

Ayns feme chellvane/Emergency names and telephone no's

1.....tel.....

2.....tel.....

Is there any person your child may not have contact with?.....

Fer-lhee yn lhiannoo/Child's doctor.....

Enmys/ Address.....

.....Chellvane/ Telephone.....

Jeenaghey/ Immunisation.....

Gorlaghyn gowaltagh / Infectious illnesses.....

.....

Keayrtagh slaynt / Health visitor.....

.....Chellvane/ Telephone.....

Feme er bee, allerjeeyn, asslayntyn, medishyn shione dhyt/
Any known special diet, allergies, health conditions, medication

Femeyn er -lkeh/ Any special needs (including social/emotional/ behavioural)

Tooilley fys cultooroil, crauee, cliaghtagh/ Further information e.g any cultural, religious or traditional background needs.

Chengey ny mayrey/ First language.....

Mooinjer Veggey's policy is that staff will seek emergency medical advice or treatment if necessary. Please sign here for permission to do so;

Parent/ carer.....

Laghyn cheet/ Days attending : **Ballasalla**

Sessions/ Seshoonyn	Monday/ Jelune	Tuesday/ Jemayrt	Wednesday/ Jecrean	Thursday/ Jerdein	Friday/ Jeheiney
9.00- 12.00					
8.30 - 12.00					

Yeearylsh £20 lesh shoh/ Enclosed £20 deposit.[]

Fo m'ennym paarant/

Signed parent/carers.....

Laa/ Date

Cur er-ash yn form gys/ Return to :

The Manager, Mooinjer Veggey Nursery, Ballasalla Primary School, Ballasalla, Isle of Man IM9 2LA
ballasalla@mooinjerveggy.org.im Tel: 07624 234183

office use _____

Daat toshee/

Date started.....

Daat jeant/

Date finished.....