

## REGISTRATION FORM

PLEASE FILL IN ALL THE DETAILS AND IN **CAPITAL** LETTERS

### 1. CHILD'S PICTURE

Start Date:	
Days Attending:	
Registration fee:	
Monthly fee:	
Finish Date:	

2 year funded letter seen          YES          NO          NA

### 2. CHILD'S DETAILS

<b>Child's Full Name:</b> _____	
<b>Child's Home Address:</b> _____	
_____	
SEX:    Male    /    Female	Date Of Birth
Birth Certificate Verified?          Yes          /          No	Certificate Number:

### 3. ABOUT YOUR CHILD

Is English your child's first language?	<b>YES</b>	<b>NO</b>
If not, what language is spoken at home?		
Does your child need bilingual support?	<b>YES</b>	<b>NO</b>
What are your child's dietary preference / restrictions?		
Has your child undergone a 2 year assessment check? Could you share report with us?	<b>YES</b>	<b>NO</b>
Do you have any special requests / requirements or background information on your child that may be useful to us, or which you feel we should be made aware about?		

**4. FAMILY DETAILS**

<b>Parent / carer 1:</b> _____		
<b>Full Address (if different from above):</b> _____ _____ _____		
<b>Contact Numbers:</b>		
<b>Home:</b> _____	<b>Work:</b> _____	<b>Mobile:</b> _____
<b>Email:</b> _____		
<b>Parent / carer 2:</b> _____		
<b>Full Address (if different from above):</b> _____ _____ _____		
<b>Contact Numbers:</b>		
<b>Home:</b> _____	<b>Work:</b> _____	<b>Mobile:</b> _____
<b>Email:</b> _____		
<b>Legal carer / Guardian ( if different from above):</b> _____		
<b>Contact Numbers:</b>		
<b>Home:</b> _____	<b>Work:</b> _____	<b>Mobile:</b> _____

**5. PASSWORD REQUIRED FOR THE COLLECTION OF CHILD BY AUTHORISED COLLECTORS**

Password :

**6. COLLECTION AUTHORISATION****Authorised Collector (1)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Authorised Collector (2)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

I give permission for these details to be stored on the office computer

Signed \_\_\_\_\_

Date \_\_\_\_\_

**7. DOCTORS DETAILS**

<b>Doctor's Name:</b> _____
<b>Doctor's Address:</b>  
<b>Telephone Number:</b>  

**8. HEALTH VISITOR'S DETAILS**

<b>Health Visitors Name:</b> _____	<b>Telephone Contact:</b> _____
<b>Health Visitor's Address:</b>  	

**9. OTHER PROFESSIONALS INVOLVED WITH THE FAMILY**

<b>SPEECH AND LANGUAGE THERAPIST</b>	<b>YES</b>	<b>NO</b>
<b>FAMILY WORKER</b>	<b>YES</b>	<b>NO</b>
<b>SOCIAL WORKER</b>	<b>YES</b>	<b>NO</b>

Occasionally we would like to keep you informed by letter/email/newsletter of events happening at nursery. This forms part of our partnership with you and we would not want you to miss out, however we would require your consent to us using your contact details for these purposes. You have the right to modify or with draw your consent at anytime by contacting the Manager at Nursery. If you agree to us contacting you with the above-mentioned marketing, please tick to say how we can contact you.

Email  Telephone  Post

Signed \_\_\_\_\_ Date \_\_\_\_\_

**10. MEDICAL HISTORY**

Has your child been immunized against the following (please tick appropriate answer)			Date
<b>8 weeks</b>			
6-in-1 vaccine: diphtheria; tetanus; whooping cough (pertussis); polio; Hib; hepatitis B	YES	NO	
Pneumococcal (PCV) vaccine	YES	NO	
Rotavirus vaccine	YES	NO	
Meningitis B vaccine	YES	NO	
<b>12 weeks</b>			
6-in-1 vaccine - second dose	YES	NO	
Rotavirus vaccine – second dose	YES	NO	
<b>16 weeks</b>			
6-in-1 vaccine – third dose	YES	NO	
Pneumococcal (PCV) vaccine – second dose	YES	NO	
Meningitis B vaccine – second dose	YES	NO	
<b>One year</b>			
Hib/MenC vaccine;	YES	NO	
Measles, mumps and rubella (MMR vaccine)	YES	NO	
Pneumococcal (PCV) vaccine – third dose	YES	NO	
MenB vaccine;	YES	NO	
<b>2-8 years</b>			
Child's flu vaccine (annual)	YES	NO	
<b>3 years and 4 months</b>			
Measles, mumps and rubella (MMR) vaccine – second dose	YES	NO	
4-in-1 pre-school booster: diphtheria, tetanus, whooping cough (pertussis) and polio	YES	NO	
Has your child any on-going health problems or special needs?			
Is your child allergic to anything (please specify)?			
Does your child have a dentist? (please provide details)			

**FOR INHALER / EPIPENS ONLY**

I give permission for trained staff to administer the inhaler / epipen or anapen (supplied by me) to my son / daughter _____ as instructed and to record its use.	
Signed:	Date:

## 11 EMERGENCY TREATMENT

To ensure that your child receives the best and most appropriate care, attention and treatment should an emergency or accident happen, you need to complete and sign the following declaration.

### DECLARATION

I give permission to the registered person (authorised deputy) to take necessary steps to ensure that My son / daughter \_\_\_\_\_ receives the best and most appropriate care, attention and treatment should an emergency or accident happen. I understand that every effort will be made to inform me of the accident or emergency as soon as is possible, but they may need to accompany my child to hospital in the case of a serious accident in my absence. I give permission for the person in charge to authorize hospital staff to administer essential treatment in my absence until my arrival.

Signed:

Date:

## 12 WHO ELSE LIVES IN YOUR HOUSE

I understand that the setting offers the chance to register for an on-line learning journal for my child. I agree for my details to be passed to this service

Signed

Date

**13 EMERGENCY CONTACT DETAILS (If a parent or guardian is not contactable)**

<b>First Contact:</b> _____	<b>Relationship to child:</b> _____
<b>Contact Address:</b>  	
<b>Home:</b>  	<b>Mobile:</b>  
<b>Second Contact:</b> _____	<b>Relationship to child:</b> _____
<b>Contact Address:</b>  	
<b>Home:</b>  	<b>Mobile:</b>  

**Please could you let us know how did you hear about us (please circle the appropriate)**

1. Reference      2. Website      3. Newspaper      4. Flyer      5. Other

**14 SAFEGUARDING CHILDREN / PARENTAL PERMISSIONS (to be read and signed by parent / guardian)**

I understand that the nursery has informed me of the Child Protection Policies and Procedures and the Responsible Person will be Linda Watts (manager), in her absence Amy Edwards (deputy). The nursery has the right to involve external agencies if there is a significant concern to a child's welfare, or suspect abuse has taken place.

I have been informed that the nursery has an absence reporting policy. I understand that I am responsible to inform the nursery before 10 am or 12 noon for afternoon sessions on or before your child is absent.

I understand the nursery operates an open access policy and I am welcome to view the policies during normal opening hours and that meetings can be arranged to discuss any concerns.

As part of the ongoing recording of our curriculum we regularly take photos/video footage of the children during their play. These photos/videos are used for display work and for your child's records within the nursery environment.

We need your written permission to do this, if you are happy for your child to have their photo/video taken please sign below.

I give permission for my child \_\_\_\_\_ to have their photo/video taken.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

The nursery takes the children out regularly for walks in the local area, when this happens staffing levels are maintained, but if necessary can be exceeded for extra control and supervision. Staff will always have access to a mobile phone on outings.

I give permission to take my child \_\_\_\_\_ off the premises during these times.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_



**HEALTH PROMOTING SCHOOLS**

<p>I give permission for the staff to administer teething gel / nappy cream supplied by me to my child when necessary.</p> <p>Signed _____ Date _____</p>
<p>I give permission for staff to apply plasters and administer sun cream supplied by me to my child when necessary.</p> <p>Signed _____ Date _____</p>
<p>I give permission for my child to take part in an ongoing tooth brushing scheme as part of the daily routine.</p> <p>Signed _____ Date _____</p>
<p>I give permission for my child's details to be passed onto external agencies for their wellbeing (health visitor speech therapists, eye clinics etc.)</p> <p>Signed _____ Date _____</p>

**MONTHLY PAYMENT**

<p>£30 registration fee (non-refundable) is required when registering your child.</p>
<p>You pay for 51 weeks of the year averaged out over 12 months (including public holidays/sickness/absenteeism). Fees are payable in ADVANCE.</p>
<p>I understand that I am required to set up a standing order for the 1<sup>st</sup> of each month, for the payment of my child's fee after completion of registration.</p>
<p>A minimum attendance of 2 days per week based on half day or full day is required.</p>
<p>I understand four weeks' notice is required on either side or full fee in lieu of notice.</p>
<p>We require payment to terms. Payment must be made on time, in full, and without any deduction, set off or counterclaim. In the event that an account is outstanding, we will refer the matter to our debt collection agents which will incur costs. Any costs incurred to collect the debt will be added to the debt, plus VAT at the prevailing rate. You agree that you will be legally liable to pay us that surcharge, and that payment of the same can be enforced against you in court. You also agree to pay interest at the relevant reference rate provided for under the Late Payment of Commercial Debts (Interest) Act 1998, which interest is payable both after and before any judgment of the court and continues to accrue.</p>

**I declare that I have read the above and agree to the terms and conditions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Management:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 15 Shared information about your child

To help us understand your child's developmental level and needs please can you complete the following questions.

Your family:

Details about their position in the family

Important celebrations and events in the family life

Any important names- i.e. extended family, pets etc

Where parents work

Your child

Favourite games, books and food.

Favourite toy or comforter.

Usual behavior or mood.

What stage is your child at?

Mobility (walking/running/steady/unsteady)

Language (clear/unclear/single words/short sentences/more complex)

Can they share/take turns?

Can they feed themselves, what utensils do they use?

Self help skills, are they in nappies/toilet trained, able to wash themselves/ take care of their needs at the toilet

Does your child have previous childcare or nursery experience or end any groups?

Is there any further information you would like to share?