

REGISTRATION FORM 2017 / 18

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. CHILD'S DETAILS

Child's Full Name: _____

Child's Home Address: _____

SEX: Male / Female **Date Of Birth**

Birth Certificate Verified? Yes / No **Certificate Number:**

3. ABOUT YOUR CHILD

Is English your child's first language?	YES	NO
If not, what language is spoken at home?		
Does your child need bilingual support?	YES	NO
Does your child have previous childcare or nursery experience?	YES	NO
What are your child's dietary preference / restrictions?		
Does your child have a feeding or sleep routine? (under 2's only)	YES	NO

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

Mother's Name: _____
Full Address (if different from above): _____ _____ _____
Contact Numbers:
Home: _____ Work: _____ Mobile: _____
Email: _____
Father's / Partner's Names: _____
Full Address (if different from above): _____ _____ _____
Contact Numbers:
Home: _____ Work: _____ Mobile: _____
Email: _____
Full Address of other person with parental responsibility / Guardian (if relevant): _____ _____ _____
Contact Numbers:
Home: _____ Work: _____ Mobile: _____

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:

7. DOCTORS DETAILS

Doctor's Name: _____
Doctor's Address: _____ _____
Telephone Number: _____

8. HEALTH VISITOR'S DETAILS

Health Visitors Name: _____	Telephone Contact: _____
Health Visitor's Address: _____ _____	

9. MEDICAL HISTORY

Has your child been immunized against the following (please tick appropriate answer)		
DIPHTHERIA, TETANUS & PERUSSIS - (DTP)	YES	NO
WHOOPING COUGH	YES	NO
MENINGOCOCCAL TYPE C	YES	NO
POLIO	YES	NO
MEASLES, MUMPS & RUBELLA - (MMR)	YES	NO
HIBS	YES	NO
HEPATITIS	YES	NO

Has your child any on-going health problems or special needs?

Is your child allergic to anything (please specify)?

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:

10. 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:

11. EMERGENCY CONTACT DETAILS (If a parent or guardian is not contactable)

First Contact: _____	Relationship to child: _____
Contact Address: 	
Home:	Mobile:
Second Contact: _____	Relationship to child: _____
Contact Address: 	
Home:	Mobile:

12. CHILD PROTECTION / PARENTAL PERMISSIONS (to be read and signed by parent / guardian)

<p>I understand that the nursery has informed me of the Child Protection Policies and Procedures and the Child Protection Co-ordinator has been discussed. 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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p> <p>I give permission for my child _____ to have their photo/video taken.</p> <p>Signed _____ Date _____</p>
<p>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.</p> <p>I give permission to take my child _____ off the premises during these times.</p> <p>Signed _____ Date _____</p>

HEALTH PROMOTING SCHOOLS

I understand the nursery is a Health Promoting School and the health promoting co-ordinator has been discussed.
I give permission for the staff to administer teething gel supplied by me to my child when necessary. I give permission for the staff to administer Calpol supplied by me to my child when necessary. I give permission for staff to administer sun cream supplied by me to my child when necessary.
I give permission for my child to take part in an ongoing tooth brushing scheme as part of the daily routine.
I give permission for my child's details to be passed onto external agencies for their wellbeing (health visitor speech therapists, eye clinics etc.)

MONTHLY PAYMENT

£30 registration fee (non-refundable) is required when registering your child. Includes a FREE Nursery Polo Shirt.
You pay for 50 weeks of the year averaged out over 12 months (including public holidays/sickness/absenteeism). Fees are payable in ADVANCE.
I understand that I am required to set up a standing order for the 1 st of each month, for the payment of my child's fee after completion of registration.
I understand four weeks notice is required on either side or full fee in lieu of notice.
The term after my child's 3rd birthday I agree that I will be entitled to Government Funding which consists of 2.5 hours free per day (This is over 38 weeks)
A minimum attendance of 2 days per week based on half day or full day is required

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

Signature: _____ **Date:** _____

Management: _____ **Date:** _____

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