



**Registration Form**

**Child Details**

Name of child:

Date of Birth:

Address:

Post code:

Home Telephone No:

**Sessions Required:**

**AM**

**PM**

**Additional Information**

Monday

Tuesday

Wednesday

Thursday

Friday

**Parental Details**

Name of parent/guardian with whom the child lives:

Relationship to child:

Parental responsibility? Yes No

Guardianship/control or parental care: please state which applies:

Legal Access: Yes No

Address:

Postcode:

Daytime Telephone No:

Work Telephone No:

Mobile Telephone No:

**Parental Details**

Name of parent/guardian with whom the child lives:

Relationship to child:

Parental responsibility? Yes No

Guardianship/control or parental care: please state which applies:

Legal Access: Yes No

Address:

Postcode:

Daytime Telephone No:

Work Telephone No:

Mobile Telephone No:

Email address:

Email address:

If parents are separated or divorced has a court order been granted? Yes No

What condition(s) does this state:

Name of parent/Guardian with whom the child **does not** live:

Relationship to child:

Parental responsibility? Yes No

Equal parental responsibility: Yes No

Address:

Postcode:

Work Address:

Daytime Telephone No:

Mobile Telephone No:

Does this parent/guardian have legal access to the child? Yes No

**Name of Additional Contact:**

Relationship to Child:

Daytime Telephone No:

Mobile Telephone No:

**Names of Persons over 16 who are Authorised to Collect**

1

Relationship to Child:

2

Relationship to Child:

3

Relationship to Child:

**Please indicate a password below:**

**This password will be used if any person who is Authorised to collect and has not been to the nursery before. Please use something memorable.**

Any cultural differences we should respect? Please include details relating to religion, ethnicity, language spoken at home and cultural background.

Does your child have any special needs or disabilities? Please give details including details of early years action, action plus and special needs statement.

Please list all known medical conditions:

Please list any medication currently being taken:

Please list all known food allergies:

Please list any known allergies to medicines:

Please list any other known allergies:

Name of Doctor:

Contact Telephone No:

Name of Health Visitor:

Contact Telephone No:

Name of Social Care Worker – if relevant

Contact Telephone Number:

**Emergency Medical Consent:**

I hereby give consent for my child..... to receive emergency medical advice and treatment. I have listed all essential information accurately above.

Signed ..... (Parent/Carer)

Date.....

**Sun-screen Consent:**

I give permission for my child ..... to have sun-screen applied. I will provide sun cream in a named bottle.

Signed ..... (Parent/Carer)

Date.....

**Non-Allergic Plasters Consent:**

I give permission for my child..... to have non allergic plasters applied if needed.

Signed..... (Parent/Carer)

Date.....

**Your permission is required for your child to:**

1. Visit local places such as the library, park, shops, docks and museums. Full risk assessments have been carried out and further checks will be carried out before the outing.
2. Be recorded or photographed for nursery purposes.

Please sign below if you give permission for your child to take part in the above activities.

Signed..... (Parent/Carer)

Date.....

**Only parent or carer can look at your child's records, observations and assessments.**

**Office use only.**

Start Date:

Settle Session:

@

Non-Refundable Registration Fee:

Key person

Supporting Key Person

birth certificate checked to verify

Yes No

Copy of immunisations

Yes No