



# Child Registration Form

## Child's Details

Child's Name:			Likes to be known as:		
Date of birth:		Ethnic origin:		Nationality:	
Religion:		Language spoken:		Is the child a looked after child?	Yes / No
Address:					
Start date:					

## Sessions Required: Please tick ad add times as required

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Full day 7.30-6.30pm					
Full day 7.30-5.30pm					
Full day 8.00-6.00pm					
Session AM 7.30-1.00pm					
Session AM 8.00-1.00pm					
Session PM 1.00-6.00pm					
Session PM 1.00-6.30pm					
After school 3.00-6.30pm					

Is this a funded space? Yes / No

(Meals are charged at our regular rates.)

Do you require a term time only place? Yes / No

## Parent/Carer Contact Details

<b>1<sup>st</sup> Contact</b>		<b>2<sup>nd</sup> Contact</b>	
Name:		Name:	
Known to the child as:		Known to the child as:	
Relationship:		Relationship:	
Telephone:	HM: WK:	Telephone:	HM: WK:
Mobile:		Mobile:	



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Email:		Email:	
Parental Responsibility:	Yes / No	Parental Responsibility:	Yes / No
Is there anyone else who has legal contact with the child?		Paperwork seen and attached: Yes / Not Applicable	
Password:			

## Alternative Contacts

Name:	Relationship:	Known to the child as:	Telephone:
			HM: WK: Mobile:
			HM: WK: Mobile:

## Health Contacts

	<b>Health Visitor:</b>
<b>Name:</b>	
<b>Base:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
	<b>Dentist:</b>
<b>Name:</b>	
<b>Practice:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
	<b>Doctor:</b>
<b>Name:</b>	
<b>Surgery:</b>	
<b>Address:</b>	
<b>Telephone:</b>	

Are there any other agencies that are currently involved with your child e.g. social workers, speech therapists, family workers etc?

.....

**Immunisations:** Please insert date from your child's health record/book

<b>Diphtheria:</b>	<b>Polio:</b>
<b>HIB:</b>	<b>Tetanus:</b>
<b>Meningitis C:</b>	<b>MMR:</b>
<b>Whooping Cough:</b>	



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**Sun Cream:**

We ask that in warmer weather you provide suitable clothing for your child as well as a high factor sun cream which will be left at nursery:  
I do/do not give permission for nursery staff to apply sun cream to my child.

**Parent signature:****Date:****Emergency Treatment:**

We have trained paediatric first aiders on site at all times. In the case of an emergency we may need to take your child to hospital. In all situations, the care and welfare of your child is paramount. In all circumstances, it is our policy to inform you as soon as possible after the event.  
I understand the nursery policy and procedure for emergency treatment and give consent for this to be used in the case of an emergency:

**Parents Signature:****Date:**

I do not agree with the declaration above and would prefer the following procedures to be followed in an emergency:

**Parents Signature:****Date:****Imagery:**

We do take photographs and videos daily for displays within the nursery and your child's learning journey. We may also use photographs for marketing purposes with your consent.

I do/do not give permission for my child's imagery to be used within the nursery setting including wall displays, learning journeys and group observations which may appear in other children's journals.

**Comments:** .....**Parents Signature:****Date:**

I do/do not give permission for my child's imagery to be used for marketing purposes including newsletters, leaflets, advertising and our public and closed facebook pages.

**Parents Signature:****Date:****Comments:** .....**Outings:**

We aim to go out on local walks as much as possible. Planned outings to places such as farms etc will require additional consent.

I do/do not give consent for my child to go on local walks.

**Parents Signature:****Date:**

I have read and agree to the Woodlands Day Nursery terms and conditions and can confirm that all of the information given in this document is accurate.

**Parents Signature:****Date:**