



Registration Form



Child's Name: _____ D.O.B: _____

Gender:		Ethnic origin:	
Child's first language:		Religion:	
Disabled: Y / N	If 'yes' please give details:		

Name: Parent/Carer 1		Name: Parent/Carer 2	
Address:		Address:	
Postcode:		Postcode:	
Child lives at this address: Y / N		Child lives at this address: Y / N	
Home:		Home:	
Mobile(s):		Mobile(s):	
Work:		Work:	
Email:		Email:	

Carer 1 Work Address:		Carer 2 Work Address:	
Occupation:		Occupation:	

Names of people authorised to collect child: (Must be aged 18+ and children will not be handed over to anyone other than those named, unless prior notification has been received). Collection Password: _____ (Anyone not known to the nursery will be required to give us the collection password before we can send the child)	1). _____ Relationship to child:..... Contact details:..... 2). _____ Relationship to child:..... Contact details:..... 3). _____ Relationship to child:..... Contact details:.....
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Any personal/social factors we should be aware of? <i>i.e. One parent family, court orders, known to social services etc.</i>	
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For Office Use Only:			
Birth Certificate: Y / N	Red Book: Y / N	OEYE Ref:	
Date starting:		Sessions:	
Funding: Y/N		Days per week:	
Permissions signed: Y / N		Funding Declaration signed: Y / N	
Confirmation Letter: Y / N	Sent:	Settlings booked: Y / N	Date:





Emergency Contacts:

These contacts will only be called as a result of what we deem as an emergency situation (For further information please see our Health and Safety Policy). Minor injuries or illness sustained will be recorded and dealt with appropriately on an individual basis and carers collecting the child will be notified according to our guidelines and exclusion policies.

Contact 1: _____	Contact 2: _____	Contact 3: _____
Relationship to child:	Relationship to child:	Relationship to child:
Contact number(s):	Contact number(s):	Contact number(s):

Sessions Required: (Please tick)

Paid Place	Funded Place (3 sessions per week)
Full Day (7.45am - 6.00pm)	
Short Day (9.00am - 3.00pm)	
Morning (7.45am - 12.45pm)	Morning (7.45am - 12.45pm)
Afternoon (1.00pm - 6.00pm)	Afternoon (1.00pm - 6.00pm)

Before school	After school	Before & After school
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Start Date: _____

Days Required: (Please tick)(subject to availability)

Monday	Tuesday	Wednesday	Thursday	Friday

Permissions:

I give permission for the following: (Please tick individually)

- For us to administer first aid or seek emergency medical treatment
- For us to contact or share information with your child's GP or Health Visitor
- For us to apply your child's own sunscreen
- For us to apply your child's own nappy cream/ointment
- For us to take photographs of your child
(these will only be displayed in the nursery or in your child's and other children's learning journals or diaries that will be sent home)
- For us to display photographs of your child on our website
- For us to use online learning journey platform (Tapestry) to record and upload observations of your child's progress/development (parents will be given log in details to securely access this information)
- Apply face paints
- To administer prescribed medication
(Medication will only be administered following a medication form being completed and signed by the parent/carer and only prescribed medication will be given)
- For your child to go on planned outings
(Parents will be notified prior to any outings or day trips and will be asked to sign a separate consent form).
- For your child to participate in 'risky play' activities
(These activities will involve balancing beams, natural wood play, see saws etc. and will be age and stage appropriate)

Signed: _____ **Date:** _____





Medical Information:

Child's Doctor:	Health Visitor:
Address:	Address:
Phone No:	Phone No:

Immunisations:

Is your child fully up to date with their immunisations?	Yes / No
If no please detail:	

Health:

Does your child have any medical needs?	YES/NO If yes please give information: _____ _____ _____
Does your child have any dietary requirements, allergies or intolerances? <i>*Please take note: we will require any prescribed allergy related medication to keep on site.</i>	YES/NO If yes please give information: _____ _____ _____

Educational Needs:

Does your child require any additional support?	YES/NO If yes please give information: _____ _____ _____
Does your child have any Special Educational Needs (SEN)?	YES/NO If yes please give information: _____ _____ _____

Medication:

Is your child on any regular or long term medication? (This includes inhalers: please specify why they have a prescribed inhaler eg. asthma, viral wheeze etc) <i>*Please take note: we will require a prescribed inhaler to keep on site.</i>	YES/NO If yes please give information: _____ _____ _____
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Child's Routine:

Does your child have:	Please write Yes or No and give additional details if required:	
A comforter, dummy, blanket?		
A bottle of milk during the day? (Formula or Cow's milk? How much?)		
A sleep during the day? (If so, what time and for how long?)		
Nappies / Pull-ups? (You will be required to provide these)		
Any likes/dislikes that you would like to mention?	<u>Likes</u>	<u>Dislikes</u>

Funding Declaration:

I confirm that the child named on this form is not attending another nursery which provides EEE Funding and will be attending _____ hours per week. We require 4 weeks notice if you no longer wish your child to attend. I agree to the EEE terms and conditions which can be found on the Birmingham City Council website.

Signed: _____ Relationship: _____ Date: _____

Parental Declaration:

Please read and sign the declaration below to agree to the following terms summary;

- *I acknowledge that I must give 4 weeks' notice to decrease weekly hours or to notify you that my child will be leaving the nursery.*
 - *I am aware that fees must be paid in advance either weekly or monthly by cash, bank transfer or child care vouchers (holiday club can be paid daily or for the whole holiday period as required).*
 - *I am aware of the nursery's exclusion periods for illness and am aware that nursery fees will remain payable during any period of absence. (This excludes holiday leave).*
 - *I acknowledge that I will be required to notify the nursery if my child will be absent and the reasons why.*
 - *I am aware that any holiday leave must be provided in writing no later than 4 weeks prior to the holiday for the 50% retainer fee to be valid, otherwise full fees will be payable.*
- Parents of funded children must give 1 week notice, in writing, for prolonged absence e.g. Holiday otherwise your child may lose their funded place.*
- *All of the information provided above is correct to the best of my knowledge.*
 - *I have read and agree to the nursery's policies and procedures and terms and conditions.*

*** Parent to take note: Any carer who suspects that a child in his/her care may have been abused or neglected has a duty to report this to the Area Social Services Department.**

Signed (Parent/Carer):	1.	Date:	
Signed (Parent/Carer):	2.	Date:	





Family Information:

In order for us to help to understand the families of the children attending our nursery:

Please list persons living in the household:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Please list the names and date of birth for any siblings living in the household:

Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

Name: _____ D.O.B: _____

Can you please confirm who has parental responsibility for this child:

To help us assess the impact of our marketing please specify how you heard about us:

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Thank you.

