



Bonnington House



Child Registration & Information Form

Child Details

First Name					Religion															
Surname					Date of Birth*															
Other Names					Start Date**															
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unborn		* Please enter expected DOB if child is unborn. ** Please enter required or expected start date.															
Preferred Sessions	(Please tick)																			
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri										
All Day Sessions																				
Morning Sessions																				
Afternoon Sessions																				

Parents/Guardians (Please delete as appropriate)

Carer 1 Details

First Name	
Surname	
Relationship to Child	

Carer 2 Details

First Name	
Surname	
Relationship to Child	

Home Address (child's home address)

1 st line of Address	
Area	
City	
County	
Postcode	
Phone No	
Mobile 1	
Mobile 2	
E-mail Address	

Home Address (if different)

1 st line of Address	
Area	
City	
County	
Postcode	
Phone No	
Mobile 1	
Mobile 2	
E-mail Address	

Day time (work) Contact Details

1 st line of Address	
Area	
City	
County	
Postcode	
Phone No	
Mobile Number	
Mobile 2 Number	
E-mail Address	

Day time (work) Contact Details

1 st line of Address	
Area	
City	
County	
Postcode	
Phone No	
Mobile Number	
Mobile 2 Number	
E-mail Address	

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Are there any other adults who may collect your child from Nursery?

If so please complete the details below and attach a signed photograph(s) for each adult.

First Name		First Name	
Surname		Surname	
Relationship to Child		Relationship to Child	
Home Address (child's home address)		Home Address (if different)	
1 st line of Address		1 st line of Address	
Area		Area	
City		City	
County		County	
Postcode		Postcode	
Phone No		Phone No	
Mobile 1		Mobile 1	
Mobile 2		Mobile 2	
E-mail Address		E-mail Address	

Medical Information

Doctors Details	Health Visitor Details
Name	Name
1 st line of Address	1 st line of Address
Area	Area
City	City
County	County
Postcode	Postcode
Phone No	Phone No

Immunisations

Has your child had any of the following immunisations?

Signature

Date Given (dd/mm/yyyy)

	Signature	Date Given (dd/mm/yyyy)
1 st Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		
2 nd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		
3 rd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		
1 st Measles, Mumps, Rubella (MMR)		
2 nd Measles, Mumps, Rubella (MMR)		

Does your child have a medical condition (Allergies, Medication, ongoing illnesses etc.?)

If Yes please provide details of their medical condition

Where learning is child's play

In the unlikely event that a medical emergency occurs it may become necessary for us to obtain emergency medical advice for your child. In serious cases it may be that we would need to obtain emergency treatment.

I/We do give my/our consent for Bonnington House Nursery to seek/obtain emergency medical advice or treatment should the occasion arise for the child overleaf.

This is mandatory. A signature must be present to accept registration.

Parent/Carer 1

(Parent/Carers Signature)

Parent/Carer 2

(Parent/Carers Signature)

Family Characteristics

Please tick one of the following to describe one of the child's parents

- One parent works over 35 hrs One parent works over 16 hrs
 One parent in Higher Education One parent on new Deal Neither parent working or training

Ethnic Group of child (choose one)

White

- British Irish Traveller Gypsy/Roma Other

Mixed

- White & Black Caribbean White & Black African White & Asian Other Mixed

Asian or Asian British

- Indian Pakistani Bangladeshi Chinese Japanese Other

Black or Black British

- Caribbean African Other

Other Ethnic Group

Please Specify

Nationality of Child

Main language at Home

Disability or additional needs of child (Please tick)

- Physical Sensory Learning Behaviour Speak, Language Chronic Illness
Other (Please Specify)

Any other information about your child you think we should know?

How did you hear about us?

- Website Word of Mouth Facebook Other (please specify)

Please check all questions are answered to avoid registration delays

By signing this I/We agree to accept all the nursery terms and conditions. All terms and conditions published E&OE

Parent/Carer Name

Parent Carer Signature

Date Signed

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Parent/Carer Name

Parent Carer Signature

Date Signed

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Where learning is child's play

GDPR Regulations

To reflect the GDPR standards, we ask for you to read and complete the following.

We will only use your (including your child's) personal information to provide a childcare service to you. We'd like to keep sending you information about your child/our nursery by email/Facebook/phone/other (where applicable) but we need to be sure we have your permission to do so. We keep your information so you can receive important updates about your child/our nursery. We will keep your information secure and will never share it except if required to do so by law or on the request of our local authority and/or health trust and only where they have legitimate reasons for gathering the data.

By ticking this box, you are consenting to us continuing to holding and processing your data and sending you information.

You can of course unsubscribe/ask us not to contact you by email/phone/Facebook, etc. at any time.

Parent 1

Parent Name:

Parent Signature:

Date:

Parent 2

Parent Name:

Parent Signature:

Date: