



Child Registration & Information Form

Child Details

First Name:
 Surname:
 Other Names:
 Sex: Male Female Unborn

Religion:
 Date of Birth*:

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 Start Date**:

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* Please enter expected DOB if child is unborn.
 ** Please enter requested or expected start date.

Preferred Sessions: (Please tick)

	Mon	Tue	Wed	Thu	Fri
All Day Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents/Guardians (Please delete as appropriate)

Carer 1 Details

First Name:
 Surname:
 Relationship to Child:

Home Address (child's home address)

No & Road:
 Area:
 City:
 County:
 Post Code:
 Phone No:
 Mobile 1:
 Mobile 2:
 E-Mail:

Day time (work) contact details

No & Road:
 Area:
 City:
 County:
 Post Code:
 Phone No:
 Mobile 1:
 Mobile 2:
 E-Mail:

Carer 2 Details

First Name:
 Surname:
 Relationship to Child:

Home Address (if different)

No & Road:
 Area:
 City:
 County:
 Post Code:
 Phone No:
 Mobile 1:
 Mobile 2:
 E-Mail:

Day time (work) contact details if different

No & Road:
 Area:
 City:
 County:
 Post Code:
 Phone No:
 Mobile 1:
 Mobile 2:
 E-Mail:

Are there any other Adults who may collect your child from the nursery?

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

First Name

Surname

Relationship to Child

Address

No & Road

Area

City

County

Post Code

Phone No

Mobile 1

Mobile 2

E-mail

First Name

Surname

Relationship to Child

Address

No & Road

Area

City

County

Post Code

Phone No

Mobile 1

Mobile 2

E-mail

Medical Information

Doctors Details

Name

No. & Road

Area

City

County

Post Code

Phone No

Health Visitors Details

Name

No. & Road

Area

City

County

Post Code

Phone No

Immunisations

Has your child had any of the following immunisations?

	Signature	Date Given
1st Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		<input type="text"/> / <input type="text"/> / <input type="text"/>
2nd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		<input type="text"/> / <input type="text"/> / <input type="text"/>
3rd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		<input type="text"/> / <input type="text"/> / <input type="text"/>
1st Measles, Mumps, Rubella (MMR)		<input type="text"/> / <input type="text"/> / <input type="text"/>
2nd Measles, Mumps, Rubella (MMR)		<input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="text"/> / <input type="text"/> / <input type="text"/>

Does your child have a medical condition (Allergies, Medication, On going illness etc.)?

If yes please provide details of their medical condition.

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 to make arrangements for emergency medical advice or treatment should the occasion arise for the child overleaf.

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

Other

Black or Black British

Caribbean

African

Other

Chinese

Chinese

Other Ethnic Group

Please specify

Nationality of child

Disability or additional needs of child (Please Tick)

Physical

Sensory

Learning

Behaviour

Speech, Language

Chronic illness

Other (Please Specify

Main language at home

Issued By

(Office use only)

Reg fee &
cheque No.

Reg No. &
Childcode

£0.00

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

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How did you hear about us?

Internet Event Word of Mouth Driving Past Publication

Other

--

- I do not wish to receive invoices by email
- I wish for my details to be passed onto third parties, affiliated sites or businesses
- I do not wish to receive news and information by email

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												
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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 hold and process 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:

