

# Registration Form

All information provided will be kept private and confidential



## Personal Details

Childs Full name	Date of Birth:
Child also known as:	Religion:
Home Address:	Ethnic Origin:
Postcode:	Home Language:

## Nursery Booking Information

Please state which sessions you would like to register your child for:

AM = 8:00am – 1:00pm (Including breakfast, snack and lunch)

PM = 1:00pm – 6:00pm (Including snack and tea)

A/D = 8:00am – 6:00pm (Including all meals and snacks)

Monday			Tuesday			Wednesday			Thursday			Friday		
AM	PM	A/D	AM	PM	A/D	AM	PM	A/D	AM	PM	A/D	AM	PM	A/D

We also offer a 1 hour top up from 7:00am to 8:00pm. Please state if you wish to register your child for the top up.

Monday 7:00am – 8:00am	Tuesday 7:00am – 8:00am	Wednesday 7:00am – 8:00am	Thursday 7:00am – 8:00am	Friday 7:00am – 8:00am

Type of Nursery Place	Please tick
Funded 2 year old (15 hours per week Term Time Only)	
Funded 3/ 4 year old (15 hours per week Term Time Only)	

Contact Log (office use)  
Record when parents / carers have been contacted

Funded 3 / 4 year old (30 hours per week Term Time Only)	
Funded 3 / 4 years old (22 hours per week All Year)	
Private Term Time Only	
Private All Year	

### Parent / Carer Information

Mothers / Carers Full Name:

Home Address:

Postcode:

Contact Number:

Work Address:

Post Code:

Position:

Contact Number:

Email address

(Do you wish to receive information via email or post? Tick all that apply)  
Email (check one or more boxes)

Commercial institution

(Do you wish to receive information via email or post? Tick all that apply)  
Email (check one or more boxes)

Commercial institution

Fathers / Carers Full Name:

Home Address:

Postcode:

Contact Number:

Work Address:

Post Code:

Position:

Contact Number:

Email address

Please state the full name of who will be responsible for the payment of fees:

Contact One Full Name:

Relationship to Child:

Home Address:

Contact Number:

Postcode:

Can we contact in an emergency? Yes / No

Can this person collect child from nursery? Yes / No

Please delete as appropriate.

#### Other Contacts

Contact Two Full Name:

Home Address:

In the event of your child becoming ill or any other reason that we may need to make contact, the main carers will be contacted in the first instance. If we are unable to make contact, we will then use the information supplied to contact alternative family / friends.

Postcode:

If you intend for an alternative person to collect your child from nursery, please ensure that you have informed the Nursery Manager of any arrangements made. This is to ensure the safety of all children at all times.

Please be

Password for contacts:

Relationship to Child:

aware that only people 16 years or over are allowed to collect children from nursery at any time.

In the event of your Child not being collected from nursery. Safeguarding procedures will be followed. Please see our policies and procedures for further details.

Contact Number:

Can we contact in an emergency? Yes / No

Can this person collect child from nursery? Yes / No

Please delete as appropriate.

**Medical Details**

Does your child have any allergies: Yes / No Please delete as appropriate

If yes, please give details below including the medication required.

Does your child have any special dietary requirements: Yes / No Please delete as appropriate

If yes, please give details below

Does your child have any medical requirements: Yes / No Please delete as appropriate

If yes, please give details below

Please give details of all immunisations received. This information can usually be found in the child's 'red book'.

Name of Immunisation	Date received
BCG	
Diphtheria	
HIB	
MMR	
Menigitis C	
Poliomyelitis	
Tetanus	
Whooping Cough	

Please give details of any other immunisations your child has received.

**Medical Information continued:**

Name of G.P:

Name and Address of Surgery:

Telephone Number:

Name of Health Visitor:

Name and Address of Surgery:

Telephone Number:

Are there any other agencies involved with your Child?

If so, please give details below

## Other Information

Does your Child have any Special Education Needs? Yes / No please delete as appropriate

If yes, please give details below

Does your Child have any siblings? Yes / No please delete as appropriate

If yes, please give names and ages below

## Permission details

To allow your child to access a variety of activities and opportunities and for us to provide the best standard of care possible we require you to provide permission for the following. **Please be advised, that to allow us to process the registration of your child, we must have full permission to administer any first aid that is deemed appropriate including permission for medical assistance to be arranged for your child if necessary. In the event of medical help being arranged, a parent or carer will be contacted immediately, and your child will be accompanied to hospital by a member of staff who will remain with your child until a parent or carer arrives.**

If there are any medical procedures that you do not provide permission for please give details below:

Activity or Protocol	Please tick for permission	Additional information you wish to provide
Emergency First Aid		
Calpol please see medication policy		
Plasters		
Vaseline		
Shaving Foam (activities)		
Hair Check		
Photographs		
Facebook please see social media policy		
Outings		
Face Paint		
Can your child's name be provided to other parents for parties, Christmas card lists etc.		
Can your child's name be displayed within nursery?		
Can your child have contact with our Guinea Pigs?		
Can your child take part in our toothbrushing programme		

**PLEASE ENSURE YOU SIGN THE ADDITIONAL PERMISSION SHEET INCLUDED WITHIN THIS PACK**

At Nanny Janes Nursery, it's important that all children can engage in a variety of activities, both inside and outside and that they're suitably dressed and protected from the weather etc.

To enable all our children to participate in all activities and educational opportunities, we ask all Parents and Carers to supply the following equipment for their child/ children. They will remain at nursery so that the children can access them whenever required and our staff will advise you of any replacements that may be required at any time:

Please provide the following:

- A pair of Wellington boots
- A Sun Hat
- Sun Cream (During Summer Months only. Our staff team will ensure that they request Sun Cream when it is approaching the time that it will be required)

All items will be stored accordingly and labelled with each Child's name.

All children should always have a warm coat when required and sensible footwear to enable them to access the outdoor area safely.

If you have any queries regarding the provision of items for your child, please don't hesitate to speak with the Nursery Manager

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of Wonder Years Inspirational Day Care Centre. I understand that the policies and procedures are available to me at any time.

Signed..... Date.....

Print Name.....

Nursery Manager..... Date.....

Print Name.....

**OFFICE USE ONLY:**

	Date	Signature of Staff Member
Registration Form Completed and Signed		
Permission Form Completed and Signed		
Contract Completed and Signed		
Copy of Birth Certificate received		
Funding information collected and copies of letters taken		
Deposit Paid		
Start date arranged		
Key Person arranged		
All about me arranged		
Payment details provided		
Details entered onto management system		

Calculation of fees

Total Fees Monthly / Weekly