66. Child Registration Form

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child |  | | |
| Date of birth |  | | |
| Home address  Postcode |  | | |
| Position in family |  | | |
| Hair colour |  | Eye colour |  |
| Religion |  | | |
| Distinguishing Marks e.g. Birth Marks /Blue Spots |  | | |
| Ethnic origin |  | | |
| Nationality |  | | |
| Language(s) spoken at home |  | | |
| Intended medium of education, e.g. English, Welsh |  | | |
| Details of any special educational needs/disabilities |  | | |
| How did you hear about Little Plums Day Nursery? |  | | |
| Preferred start date |  | | |

About your family

|  |  |
| --- | --- |
| Mother/carer |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| Home address  Postcode |  |
| Home tel number |  |
| Mobile |  |
| Home email |  |
| Work address  Postcode |  |
| Work tel number |  |
| Work email |  |
| Hours worked |  |
| Responsibilities  (Tick all that apply) | Parental responsibility Payment of fees  Collect child from nursery  Contact in Emergency |

|  |  |
| --- | --- |
| Father/carer |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| Home address  Postcode |  |
| Home tel number |  |
| Mobile |  |
| Home email |  |
| Work address  Postcode |  |
| Work tel number |  |
| Work email |  |
| Hours worked |  |
| Responsibilities  (Tick all that apply) | Parental responsibility Payment of fees  Collect child from nursery  Contact in emergency |

Legal Parental Responsibility (At least 1 Name Required)

|  |  |
| --- | --- |
| 1. Full Name |  |
| 1. Full Name |  |
| 1. Full Name |  |
| 1. Full Name |  |

Other contacts (If Applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact one | | | | |
| Title | |  | | |
| First name | |  | | |
| Surname | |  | | |
| Relationship to the child | |  | | |
| Password | |  | | |
| Address  Postcode | |  | | |
| Tel number |  | | Mobile |  |
| Responsibilities  (Tick all that apply) | | Collect child from nursery Contact in  emergency | | |
| Contact two | | | | |
| Title | |  | | |
| First name | |  | | |
| Surname | |  | | |
| Relationship to the child | |  | | |
| Password | |  | | |
| Address  Postcode | |  | | |
| Tel number |  | | Mobile |  |
| Responsibilities  (Tick all that apply) | | Collect child from nursery Contact in  emergency | | |

Medical details

|  |  |  |
| --- | --- | --- |
| Does your child have any allergies? | Yes / No (please circle) | |
| If yes, please give details of the cause and reaction | | |
| Does your child have any special dietary requirements? | Yes / No (please circle) | |
| If yes, please give details | | |
| Has your child had any of the following immunisations?  Please tick and date | Immunisation | Date of immunisation |
| BCG |  |
| Diphtheria |  |
| HIB |  |
| MMR |  |
| Meningitis C |  |
| Poliomyelitis |  |
| Tetanus |  |
| Whooping cough |  |
| Any other immunisations |  | |
| Name of GP |  | |
| Name of surgery |  | |
| Address  Postcode |  | |
| Telephone number |  | |
| Health visitor details | | |
| Name |  | |
| Address  Postcode |  | |
| Telephone number |  | |
| Other agency details | | |
| Name |  | |
| Address  Postcode |  | |
| Telephone number |  | |
| Any other details that we should know about? | | |

**Communication Plan**

Please tick preferred methods of communication regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply:

Face to face

Daily diary, observation sheets, Online Journal

Email

Telephone inc. SMS/Messaging

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of **Little Plums Day Nursery** which I have read and fully understand.

Signed……………………………………….. Date …………………………………………

Print name…………………………………........…………………………………………….

Relationship to child ………………………………………………………………………….

Sessions

Please indicate your preferred sessions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | Mon | Tues | Wed | Thurs | Fri |
| Full day |  |  |  |  |  |
| Morning only |  |  |  |  |  |
| Afternoon only |  |  |  |  |  |
| Extended morning |  |  |  |  |  |
| Extended afternoon |  |  |  |  |  |
| After-school care |  |  |  |  |  |
| Breakfast care |  |  |  |  |  |
| Wrap-around care |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meals | Mon | Tues | Wed | Thurs | Fri |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Tea |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funded sessions | Mon | Tues | Wed | Thurs | Fri |
| 0 sessions |  |  |  |  |  |
| 1 session |  |  |  |  |  |
| 2 sessions |  |  |  |  |  |

Do you require a place for term-time only? (Please circle) Yes / No

**Office use only**

Room head /Manager Authorisation ……………………………………………..…………………….

Additional staff required (to meet ratios)? Yes/No

Staff name ……………………………………………………………………………………

Input into nursery administration system (tick when complete)

on (date) ……......

Input by……………………………………… Position ……………………………………..

Payment method …………………………………………………………………………….

Permission slips received

Nursery trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

|  |  |  |  |
| --- | --- | --- | --- |
| Take up/usage | | Ethnic origin | |
| 1 – 15 hours per week |  | White |  |
| 16 – 30 hours per week |  | British |  |
| 31 – 50 hours per week |  | Irish |  |
|  | | Traveller |  |
| Work/training | | Other |  |
| Children in lone parent family |  |  | |
| A parent working full time (35 hours +) |  | Mixed |  |
| A parent now working more than 16 hours |  | White and black Caribbean |  |
| A parent now working less than 16 hours |  | White and black African |  |
| A parent now in higher/further education |  | White and Asian |  |
| A parent taking skills for life or step into learning |  | Other |  |
| Parent(s) are not working/training |  |  | |
|  | | Asian or Asian British |  |
| Financial support | | Indian |  |
| Parents access CTC |  | Pakistani |  |
| Parents access WTC |  | Bangladeshi |  |
| Parents access HE childcare access fund support |  | Kashmir |  |
| Parents access Care 2 Learn support |  | Other |  |
| Place sponsored by regeneration scheme e.g. SRB |  | Black or black British |  |
| Financial support from employer |  | Caribbean |  |
| Receipt of 2 year old funding |  | African |  |
| Receipt of 3 and 4 year old funding – 15 hours |  | Chinese |  |
| Receipt of 3 and 4 year old funding – 30 hours |  | Other ethnic group | |
|  | |  |  |
| Additional needs | |  |  |
| Cognition and learning difficulty |  |  |  |
| Behaviour, emotional and social development needs |  |  | |
| Communication and interaction needs |  |  |  |
| Sensory and/or physical needs |  |  |  |
| Other/combination of needs |  |  |  |