66. Child Registration Form

Personal Details

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Home addressPostcode |  |
| 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 addressPostcode |  |
| Home tel number |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work tel number |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Payment of feesCollect child from nursery Contact in Emergency |

|  |  |
| --- | --- |
| Father/carer |  |
| Title |  |
| First name  |  |
| Surname |  |
| Password |  |
| Home addressPostcode |  |
| Home tel number |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work tel number |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Payment of feesCollect 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 |  |
| AddressPostcode |  |
| 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 |  |
| AddressPostcode |  |
| 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  |  |
| AddressPostcode |  |
| Telephone number  |  |
| Health visitor details |
| Name |  |
| AddressPostcode |  |
| Telephone number  |  |
| Other agency details |
| Name |  |
| AddressPostcode |  |
| 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 |  |  |  |