**Chuckles Day Nursery**

**Registration Form**

**Key Information**

|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s First Name(s) |  |
| Known As |  |
| Date of birth |  |
| Start date  |  |
| Religion |  | Ethnicity |  |
| First Language |  |
| Any Other Language spoken |  |
| **Parent/Carer 1**  | Relationship to the child  |  |
| Parental Responsibility  |  Yes |  No |
| Name |  |
| National Insurance Number |  |
| Address |  |
|  |
|  | Post Code |  |
| Email Address  |  |
| Telephone Number  | Home |  | Mobile |  |
| Place of Work |  |
| Job Title |  | Dept |  |
| Address |  |
|  |
|  | Post Code |  |
| Telephone Number |  | Ext. |  |
| Able To Collect Child | Yes |  | No |  |
| **Parent/Carer 2** | Relationship to the child |  |
| Parental Responsibility  |  Yes |  No |
| Name |  |
| National Insurance Number |  |
| Address |  |
|  |
|  | Post Code |  |
| Email Address |  |
| Telephone Numbers  | Home |  | Mobile |  |
| Place of Work |  |
| Job Title |  | Dept |  |
| Address |  |
|  |
|  | Post Code |  |
| Telephone Number |  | Ext. |  |
| Able to Collect Child | Yes |  | No |  |
|  |
| Do any other individuals have Legal contact arrangements with the child.  |  Yes |  No |
| If Yes please provide details below and a copy of relevant documentation  |
| **Emergency Contacts Other Than Parents/Carers** |
|  | Contact No. 1 | Contact No. 2 |
| Name |  |  |
| Relationship ToChild |  |  |
| Address |  |  |
| Tel. No |  |  |
| Mobile No. |  |  |
| Password forCollecting child |  |  |
| As security is of the utmost importance, we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password. **Sessions Required** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Am Session 7.30-12.45 |  |  |  |  |  |
| Pm Session 12.45-5.45 |  |  |  |  |  |
| Full Day 7.30-5.45 |  |  |  |  |  |
| Short Day 8.30-3.30 |  |  |  |  |  |
| Start Date | S |

**Medical Details**

|  |  |
| --- | --- |
| Doctors Name: |  |
| Address |  |
| Tel. No. |  |
| Health Visitor Name |  |
| Address |  |
| Tel No. |  |
| Does your child have a Personal Child Health Record book (Red Book) If yes, please bring to induction visit. |  Yes |  No |
|  |
| Are there any other services involved with the child or family ? |
| Family Nurse  |  Yes | No  | Date Involvement commenced |  |
| Name  |   |
| Contact Information and Telephone Number  |  |
| Social Worker  |  Yes | No | Date Involvement commenced |  |
| Name |  |
| Contact Information and Telephone Number  |  |
| Speech and Language  |  Yes |  No | Date Involvement commenced |  |
| Name |  |
| Contact Information and Telephone Number  |  |

**Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Diphtheria |  |  | Tetanus |  |  |
| Hib |  |  | Mumps |  |  |
| Measles |  |  | Rubella |  |  |
| Polio |  |  | Whooping Cough |  |  |
| Details Of Other Vaccinations |  |
| Has Your Child Had Any Infectious Diseases? | Yes |  | No |  |
| If Yes Please Give Details |  |

**Individual Requirements and Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has Your Child Any Food Allergies or Special Dietary Requirements? | Yes |  | No |  |
| Please Give Details |  |
| Are There Any Foods You Do Not Want Your Child to Have? | Yes |  | No |  |
| Please Give Details |  |
| Has Your Child Any Cultural or Religious Requirements? | Yes |  | No |  |
| Please Give Details |  |
| Any Other Details That May Be Useful |  |

|  |
| --- |
| **Consents** |
|  |
| **I hereby give consent for the staff of Chuckles Nursery to** … |
| Administer Emergency First Aid  | Yes | No |
| Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary  | Yes | No |
| Administer emergency Calpol and Piriton.  | Yes | No |
| To apply a plaster when necessary  | Yes | No |
| To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream hat and appropriate clothing during the summer months | Yes | No |
| To change my child’s nappies while in nursery or on outings. | Yes | No |
| Signature…………………………………………………. Date ………………………………………… |
|  |
|  |
| **I hereby give consent for the staff of Chuckles Nursery to** … |
| To take my child on local visits and outings |  Yes |  No |
|  |  |  |
| To travel on public transport  | Yes | No |
| Signature…………………………………………………. Date ……………………………………… |
|  |
|  |
| **I hereby give consent for the staff of Chuckles Nursery to** … |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery  | Yes | No |
| Use photographs of my child taken at Chuckles Nursery in another child’s file or diary (as a group) | Yes | No |
| Use photographs on chuckles closed Facebook page (Only parents can view this page)  | Yes  | No  |
| Signature…………………………………………………. Date ………………………………………… |
|  |

|  |
| --- |
| **Sharing information** |
| **I hereby give consent for the staff of Chuckles Nursery to** … |
| Share information about my child with other agencies such as :Speech and Language, Health Visitors, Special educational need support  | Yes | No |
| Signature................................................................ Date...................................................................**Please note staff will share information without consent if they are concerned about the welfare of the child** |

Registration Fee

A non-refundable Registration Fee of £45.00, this is Due when you return this form and register your child at nursery.

There is a £40 contribution each term for funded only 15 hour children, this is due in January, April and September and there is a £30 weekly contribution for children who receive 30 hours term time only which needs to be paid monthly in advance. This payment is due when you book a place at the nursery.

Name of Person Signing……………………………………………………………………….

Signature…………………………………………… Date………………………………….

Office use only

Details of Placement…………………………………………………………………………………....

Date Received………………………………Date Acknowledged……………………………………

Registration Fee……………………………. Card ……………Cash……………………………...

Staff Name…………………………………………………………. Date……………...………….……