



**KIDDIES LOUNGE PRESCHOOL, DAY NURSERY & OUT OF SCHOOL CLUB**

Uncovering the Great Potential of each Child

## Childcare Registration Form

### Child's Details

**Please complete in block capitals**

Child's Name ..... Middle Name .....

Last Name .....

Date of Birth ..... Age ..... Gender: M/F .....

Child pickup Password: ..... Number of brothers .....

Number of sisters ..... Start date: .....

Position in family: ..... Hair Colour: .....

Eye Colour: ..... Religion: .....

What is your child's home Language ? .....

Are any other languages spoken at home ? .....

Nationality: .....

I live with my .....

**Ethnic origin:**

	<b>Please circle appropriate description</b>		<b>Please circle appropriate description</b>
White <ul style="list-style-type: none"> <li>• British</li> <li>• Irish</li> <li>• Traveller of Irish background</li> <li>• Gypsy/Roma</li> <li>• Any other White background</li> </ul> Dual Heritage <ul style="list-style-type: none"> <li>• White and Black Caribbean</li> <li>• White and Black African</li> <li>• White and Asian</li> </ul>	Please specify country:	Asian <ul style="list-style-type: none"> <li>• Asian British</li> <li>• Indian</li> <li>• Pakistani</li> <li>• Bangladeshi</li> <li>• Any other Asian background</li> </ul> Black <ul style="list-style-type: none"> <li>• Black British</li> <li>• Caribbean</li> <li>• African</li> <li>• Any other Black background</li> </ul> Chinese <ul style="list-style-type: none"> <li>• Chinese</li> </ul>	Please specify country:

<ul style="list-style-type: none"> <li>Any other Dual Heritage background</li> </ul>		Any other ethnic background	
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## Required Booking Pattern & Options

Please indicate days of attendance:

Attendance Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (9-12)					
Afternoon (12:00-3:00)					
Morning (8-1)					
Afternoon (1-6)					
Full Day (7:30-6:30)					
After School Club: (3:15-6:30)					
Wrap Around: (11:30-6:30)					
Nursery Pickup: (11:30-3:30)					
Breakfast Club: (7:30-9:00)					
Holiday Club: (8:00-6:00)					

Who will be collecting the child? .....

## Primary Carer 1 Details

Do you have parental responsibility for this child:      Yes      No

Relationship to Child: .....

Title: ..... Last Name .....

Parents/Carers Name .....

Parent/ Carer's occupation

Place of work

Address (home)

Address (work)

Postcode .....

Postcode .....

Telephone/mobile

Telephone/mobile

Email Address .....

## Primary Carer 2 Details

Do you have parental responsibility for this child:    Yes    No

Relationship to Child: .....

Title: ..... Last Name .....

Parents/Carers Name .....

Parent/ Carer occupation.....

Place of work: .....

Address (home)

Address (work)

.....

.....

.....

.....

Postcode .....

Postcode .....

Telephone/ Mobile.....

Telephone/ Mobil.....

Email Address .....

If there is a Court Order regarding custody or access to your child please give full details, attaching a separate sheet if required

## Emergency Contact

### **EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS)**

Relationship to Child: .....

Title: ..... Last Name .....

Parents/Carers Name .....

Address (home)

Address (work)

.....

.....

.....

.....

Telephone/mobile

Telephone/mobile

Postcode.....

Postcode.....

Email Address .....

### **AUTHORISED PEOPLE WHO MAY COLLECT YOUR CHILD.**

We will only release your child into the care of another person (other than primary carer 1 and 2) only if you have informed us, their details and if their photographs are attached and they use the password.

Name:

Relationship:

Mobile phone number:

Address

### **Doctors Details**

Child's Doctor .....

Surgery Name .....

Address 1 .....

Telephone 2 .....

City: ..... County: ..... Post code: .....

**Do you give consent to the contact GP in matters concerning your child's health: .....**

.....

### **Health Visitor Details**

**This is not needed if the child is above the age of 1 unless you are still in contact with your health visitor.**

Health Visitor .....

Clinic Name .....

Address .....

City: ..... County: ..... Post code: .....

Telephone .....

**Do you give consent to the contact health visitor in matters concerning your child's health :**

.....

### **Immunisation and dates:**

**My child has been immunised against: (Please state yes/no and include the date)**

Diphtheria.....

MMR.....

HIB.....

Whooping Cough.....

Tetanus.....

Rubella.....

BCG.....

Please feel free to give us any additional information that you feel that would be helpful to have on our records (e.g. birthmark or permanent skin abrasions, individual needs or personal circumstances)

.....  
.....

## **Illnesses**

**Illnesses contracted before and dates:(Please state yes/no and include the date)**

Chicken pox  
Scarlet Fever  
German measles  
Whooping Cough  
Polio  
Measles

**Has your child had any infectious diseases or medical conditions that you would like to discuss with staff?  
Anything else you would like us to know?**

### **ADDITIONAL NEEDS**

**Food Allergies?**

**Dietary Needs***(Please give details)*

**Any other Allergies?**

**Special health Requirements**

**Child Protection:***(Registration / Category)*

**Disability in the family?***(Please give details)*

**Do you have any concerns about your child's development?** If so please specify below.

**Describe your child and their interests?**

**Is an interpreter or signer required?** *(Please give details)*

**Has your child any learning difficulties and/or disabilities? Yes/No [delete]**

**Are any of these in place for your child:**

**Portage worker? Yes/No [delete]**

**Early Years Action? Yes/No [delete]**

**Early years Action Plus? Yes/No [delete]**

**Statement? Yes/No [delete]**

**What special support will he/she require in our setting?**

**PROFESSIONALS KNOWN TO BE INVOLVED WITH THE FAMILY**

<b>Designation</b>	<b>Name</b>	<b>Address and Telephone No.</b>
Registered GP		
Health Visitor		
Speech Therapist		
Social Worker		
Portage worker		

**OTHER EARLY YEARS SETTINGS YOUR CHILD HAS HAD CONTACT WITH:**

	<b>Name of setting</b>	<b>Address</b>
Parent & Toddler group		
Nursery / playgroup / preschool		

I agree to let the setting know as soon as any of this information changes.

Signature of Parent/Carer

Signature of manager/Key person

Date

Date child will start at setting

<b><u>Sharing information</u></b>		
<b>I hereby give consent for the staff of Kiddies Lounge Nursery to ...</b>		
Share information about my child with other agencies such as :Speech and Language therapists, Health Visitors, Special educational need support	Yes	No
Signature..... Date.....		
<b>Please note staff will share information without consent if they are concerned about the welfare of the child</b>		

*The information given on this form will be treated as confidential. We will hold this information on our systems for administration purposes. The information will be processed in accordance with the local authority's best practice and the requirements of the Data Protection Act 1998. The information may be used by the nursery/preschool to promote the general welfare of children.*

**Deposit payment** (For office use only)

Deposit paid for 2 weeks: Yes      No

Weekly fees: .....

Payment date: .....

Amount paid: .....

Deposit received by:

Name:

Signature:

**Kiddies Lounge Nursery Standing Order Mandate**

To:.....

Bank:.....

Address:.....

.....

.....

**Please pay**

Bank                      *HSBC Bank Plc*

Branch Address:      173 High St, Hornchurch, RM11 3YS

Sort Code      40 - 24 - 30

Beneficiary Name      *Kiddies Lounge Preschool Day Nursery*

Account Number      41619683

Reference Number ...KL-(Child's name).....

Amount £.....

In words.....

Commencing (date).....

Frequency.....

Final payment.....

**Account to be debited**

Name.....

Account Number..... Sort Code.....

Signature(s).....

**Agreement**

**Permissions**

**Do you give consent to the following?**

**Please state yes/ no. if no, please give further reasons.**

**Medical**

Child be taken in hospital in event of illness / accident: .....

Medical Attention: .....

Administer Medication: .....

Calpol: .....

Calgel: .....

Insect Bite Treatment:.....

Teething Powder:.....

**Cream Application**

Sudocrem / Nappy Cream: .....

Sun Cream: .....

Other: (Please specify) .....

**Outings**

Off Premises Visits: e.g. parks, libraries etc.  
.....

**Online and Media** (for internal displays/ website/ marketing materials)

Photographs: .....

Website: .....

Any known allergies: .....



Is there anything else we should know about your child or family?

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### Information Security

You agree to Kiddies Lounge Preschool Day Nursery electronically recording and storing this information. All information is secure and will be encrypted using 256-bit encryption technology when recorded online. Please note the contact details you have provided for yourself and for the people as emergency contacts, all details will be kept on our Nursery's email should we require to contact parents' in an emergency and have no access to your registration form/emergency contact sheet and/or access to the nursery building. Please notify those people who you put down as an emergency contact that their details will be kept on our nursery email for emergency uses.

### Accurate Information

You confirm that the information you have provided is both complete and accurate and you understand that the giving of false information could invalidate your childcare contract terms and conditions.

## Signatures

### Confirmation and Signatures

Where two legal parents/carers are responsible for the child both parties must sign all areas of consent.

I would like to register my child/children at (Please insert our nursery branch/location

I/we give consent that my/our child will make visits to local amenities including parks and libraries.

Name: Signed: Date:

Name: Signed: Date:

I/we authorise the Nursery to allow emergency medical treatment to my/our child. I/we acknowledge that neither KIDDIES LOUNGE PRESCHOOL DAY NURSERY nor staff at the Nursery shall incur any liability whatsoever in relation to a practitioner's decision to administer such treatment or the treatment itself. (Every effort will be made to contact a parent or authorised person before this agreement is actioned), However in serious circumstances, the child's health will be put first.

Name: Signed: Date:

Name: Signed: Date:

I/we confirm that the information I have provided is both complete and accurate. I/we will inform the Nursery in writing when any of the information contained on this registration form changes. I/we give my consent to Kiddies Lounge to store and use our personal data to receive childcare services and fulfil the contractual agreement I am/we are entering into.

Name: Signed: Date:

Name: Signed: Date:

I am fully aware that the nursery policies and procedures and terms and conditions are available on the nursery website [www.kiddieslounge.nursery.com](http://www.kiddieslounge.nursery.com). I/we also confirm that I/we have read the terms and conditions and policies and procedures of the Nursery and agree to abide by them. Failure to read and sign the terms and conditions before my/our child/ren start/s attending nursery will automatically imply that I/we accept and agree to abide by the company terms and conditions and policy and procedures.

Parent/Guardian Name 1 Signed: Date:

Parent/Guardian Name 2 Signed: Date:

Parent/Guardian Name 3

Signed:

Date:

Thank You for confirming your details.  
Please note that all places are subject to availability.

We will adhere to the principles of the General Data Protection Regulations (2018) when collecting and processing information about you and your child. Our Privacy Notice policy explains how your data is processed, collected, kept up-to-date which can be found on our website [www.kiddiesloungenursery.com](http://www.kiddiesloungenursery.com).

Please note: If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice policy).