Child photo

PRE-SCHOOL & DAY NURSERY

'Uncovering the Great Potential of each Child'

Childcare Registration Form
Please complete in block capitals

Child's Details

Child's forename and middle name:
Surname:
Date of Birth:
Age:
Gender: Male/Female (Please circle)
Religion:
Ethnic Origin:
First Language:
Any other languages spoken at home:
Nationality:
Start date:
Collection Password: **(For safeguarding reasons: This must only be shared with authorised person collecting your child, along with a photo of the person collecting- Nursery Manager to be informed)**

Parent/ Carer Details 1

Title	Mr	Mrs	Miss	Ms

First Name:	Surname:
Does this person have parental responsibility for this child? Yes/No (please circle	
Relationship to child:	

Address: Postcode:

Mobile No:	Work No:	Home No:

Email:	Occupation: Place of work:	National Insurance No: DOB:

Parent/ Carer Details 2

Title	Mr	Mrs	Miss	Ms

First Name:	Surname:
Does this person have parental responsibility for this child? Yes/No (please circle)	
Relationship to Child:	

Address: Postcode:

Mobile No:	Work No:	Home No:

Email:	Occupation: Place of Work:	National Insurance No: DOB:

Sibling Information:

Name and age of siblings if applicable:
What school/ nursery/setting do they attend? **(If above question is applicable)**

Emergency Contact

It is important to have an emergency contact for your child. In the case of an emergency, we will always attempt to contact parent 1/ parent 2 first. PLEASE NOTE: Emergency contact has to be other than Parent/carer 1 or 2.

First Name:	**Surname:**

Address: **Postcode:**

Mobile No	**Work No:**	**Home No:**

Email:	**Occupation:**

Relationship to the child:	**Workplace:**

Gender:	**Male/ Female** (Please Circle)

Collection Password:

Please Indicate days of attendance: (tick below as appropriate)

Attendance Requirements:	Monday	Tuesday	Wednesday	Thursday	Friday
Full Time: 7.30-6.30pm					
Part Time Half Day 8.00-1.00pm					
Part Time Half Day 1.00pm- 6.00pm					
Funding Hours Morning Options 9.00-12.00pm					
Funding Hours Afternoon Options 12.00-3.00					
30hours funding only 9-3pm					
After School Club 3.30-6.30pm					
Breakfast Club 7.30-9.00am					
Holiday Club 8.00-6.00pm					

Doctors Details

Doctors Name:

Surgery Name:	**Contact No:**
Surgery Address: **Postcode:**	**Any Additional comments in relation to child's health:**

Do you give consent to contact GP in matters concerning your child's health?
Yes/No (Please circle)

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's Name:	**Clinic Details:**
Address: **Postcode:**	**Contact:**

Medical History

Immunisation/ Vaccination (Please circle yes or no below)

MMR	**Yes/No**	**Diphtheria**	**Yes/No**
BCG	**Yes/No**	**HIB**	**Yes/No**
Whooping Cough	**Yes/No**	**Tetanus**	**Yes/No**
Rubella	**Yes/No**	**Polio**	**Yes/No**

Illnesses

(has your child any of the following, please circle below)

Chicken Pox	**Yes/No**	**Scarlet Fever**	**Yes/No**
German Measles	**Yes/No**	**Whooping Cough**	**Yes/No**
Polio	**Yes/No**	**Measles**	**Yes/No**

Has your child had any infectious diseases or medical conditions that you would like to discuss with staff? Yes/ no (please circle)

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)

Dietary Needs

Does your child have any dietary needs? Yes/No (please circle)
If so, please describe……
……

Does your child have any allergies? Yes/No (please circle)
If yes, please describe……
……

Does your child have any special health requirements? Yes/No (please circle)
If yes, please describe……
……

Permissions

In all events below, we will always attempt to contact parents/ carers first.

Child to be taken to hospital in event of emergency illness/Accident on premises?	**Yes/No**
Medical Attention:	**Yes/No**
Administration of prescribed Medication: (parent to complete form, please speak to staff)	**Yes/No**
Calpol (only if the child has a high fever and parents have been informed to collect child)	**Yes/No**
Calgel: (for teething babies only)	**Yes/No**
Suncream:	

If No - Please give further reasons:

Cream Application for babies only

Sudocream:	**Yes/No**
Other (Please specify)	

Online and Media (For internal/website use only)

Photographs (Internal use only for displays/Tapestry to share with parents etc)	**Yes/No**
Website:	**Yes/No**

Outings

Please indicate YES/NO (please circle) **if you would be happy for your child to be going on Nursery Outings- These will be preplanned and parents will be notified prior to any trips.**

Child Protection

Child Protection: (Registration/Category please specify)

If there is a court order regarding custody or access to your child, please give full details Below. **Yes/No** (Please Circle) **If Yes –** (Please provide more detail, use a separate sheet if required)

PROFESSIONALS KNOWN TO BE INVOLVED WITH THE FAMILY

Designation	Name	Address/ Telephone/ Email
Speech Therapist		
Social Worker		
Any other: (Please specify)		

OTHER EARLY YEARS SETTINGS YOUR CHILD HAS HAD CONTACT WITH:

	Name of setting	Address/ Details
Parent & Toddler group		
Nursery/ Playgroup / Pre-school		

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.

Kiddies Lounge Nursery Standing Order Mandate

TO:
BANK:
ADDRESS:

Please pay

Bank:	
Branch Address:	
Account No:	**13444839**
Sort Code:	**08-71-99**
Beneficiary Name:	***Kiddies Lounge Nursery***
Reference;	Please use Childs full name as reference
Amount:	
Commencing Date:	
Frequency:	

Account to be debited

Name:
Account Number:
Sort Code:
Signatures:

Deposit payment (For office use only)

Deposit Paid for 2 weeks:	**Yes**	**No**
Weekly fees:		
Payment date:		
Amount paid:		
Deposit received by: **Date Received:**		
Signature:		

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.

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.

Declaration 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:

Kiddies Lounge Preschool and Day Nursery **(The River Gate Centre)**

I /we declare that the information provided on this form is accurate to the best of my knowledge.

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.

I/we agree to inform the Nursery in writing when any of the information contained on this registration form changes.

Parent/Carer to sign and date:

Name:	**Date:**	**Signed:**
Name:	**Date:**	**Signed:**

Thank you for Registering your Child with Kiddies Lounge Preschool and Day Nursery