



LITTLE TEWKES NURSERY & CHILDRENS CENTRE

REGISTRATION FORM

Child's Details

Child's Full Name:

Child's Pet (preferred) Name:

Child's Full Address:

Sex:

Date of Birth:

Birth Certificate Seen?

Family Details

Mother's Name:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Father's/Partners Name:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Other person with parental responsibility/Guardian (if relevant):

Full Address:

Contact Numbers:

Home:

Work:

Mobile:

Emergency Contact Details (if a parent or guardian is not contactable)

First Contact:

Relationship to Child:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Second Contact:

Relationship to Child:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Emergency Treatment

To ensure that your child receives the best and most appropriate care, attention and treatment should an emergency or accident happen, you need to complete and sign the following declaration.

Declaration

I give permission to the registered person (or authorized deputy) to take the necessary steps to ensure that (name of child)

Receives the best and most appropriate care, attention and treatment should an emergency or accident happen. I understand that every effort will be made to inform me of the accident or emergency as soon as is possible, but they may need to accompany my child to the hospital in the case of a serious accident in my absence. I give permission for the person in charge to authorize hospital staff to administer essential treatment in my absence until my arrival/

Signed:

Date:

Medical History

Has your child been immunized against the following (please tick appropriate answer)?		
Diphtheria, Tetanus and Perussis (DTP)	Yes	No
Whooping Cough	Yes	No
Meningococcal Type C	Yes	No
Polio	Yes	No
Measles, Mumps. Rubella (MMR)	Yes	No
HIBS	Yes	No
BCG	Yes	No
Hepatitis	Yes	No
Has the child's baby record book been seen to confirm immunization dates	Yes	No
Has you child any on-going health problems or special needs (please specify)		
Is you child allergic to anything (please specify)?		

For inhaler/epipens only

I give permission for staff to administer the inhaler/epipen or anapen (supplied by me) to (name of child) as instructed and to record its use.	
Signed	
Date	

Doctors Details

Doctors Name:

Doctors Address:

Doctors Telephone Number:

Health Visitors Details

Health Visitors Name:

Health Visitors Address:

Health Visitors Telephone Number:

Collection Authorisation

Authorised Collector 1 - Name

Relationship to Child:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Authorised Collector 2 - Name

Relationship to Child:

Full Address (if different from above):

Contact Numbers:

Home:

Work:

Mobile:

Password required for the collection of child by authorised collectors

Password:

Parental Permissions (to be read and signed by parent/guardian)

I give permission for staff to administer sun cream (supplied by me) to (name of child)
when necessary and to record its use

Signed:

Date:

Calpol and Sudafed (babies only)

I give permission for staff to administer Calpol and Sudafed (supplied by me) to (name of
child) when necessary and to record its use

Signed:

Date:

Teething Gel (if applicable)

I give permission for staff to administer teething gel (supplied by me) to (name of child)
when necessary and to record its use

Signed:

Date:

Photographs

As part of the ongoing recording of our curriculum we regularly take photos of the children during their play. These photos are used for display work and for your child's records within the nursery environment.

We need your written permission to do this, If you are happy for your child to have their photo taken please sign below.

I give permission for my child (name of child) _____ to have their photo taken.

Signed:

Date:

OUTINGS

We at Little Tewkes take the children out regularly for walks in the local area. When this happens staffing levels are maintained, but if necessary can be exceeded for extra control and supervision.

Outings on public transport are well planned beforehand, checking times and details so the children are not waiting around for any length of time.

The staff always has a form of communication (mobile telephone) with them on outings however far a field and a first aid kit are always taken with us.

On occasion it is necessary to use staff cars to transport children on outings. When this is the case the cars are covered with the appropriate insurance and details of the insurance are kept to hand in the office. The children transported also have the appropriate safety devises in the cars depending on their age.

I give Little Tewkes permission to take my child off the premises during pre-school sessions.

Signature (Parent/Guardian):

Date:

Animals

Occasionally the nursery may keep animals or have animals visit the nursery. The animals that may be kept on the premises may include hamsters, rabbits, guinea pigs or fish. Visiting animals may add to this selection. All of these animals will be healthy and fully inoculated.

Please tick the appropriate answer:

Does your child have any allergies or aversions to animals?	Yes	No
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Do you have an objection to animals being kept on the premises	Yes	No
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Do you have an objection to animals visiting the premises?	Yes	No
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Signed:

Date:

Key Persons

Each child joining the nursery will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible care and attention and to ensure that your child's records are kept up to date. Your child's key person will change as your child progresses through the nursery. You will be notified of these changes.

If you have any problem, your child's key person will be your first point of contact; unless you have a problem with your key person then you will need to speak directly to the principal.

About your child

Is English your child's first language?

Yes No

If not, what language is spoken at home?

Does your child need bilingual support

Yes No

What religion does your family follow? (if applicable)

How would you describe your family's cultural background?

Are there any cultural or religious festivals that your child takes part in?

Does your child have any other nursery or childcare experience?

What are your child's sleep patterns?

Does your child have a feeding routine? (under 2's only)

What are your child's dietary preference/restrictions

Does your child need/want a pacifier (dummy)?

Yes

No

Does your child have any special toy or object that they like to take everywhere with them that they might like to bring to nursery?

What does your child enjoy doing at home?

Do you have any special requests/requirements or background information on your child that may be useful for us or which you feel we should be made aware about?