

LITTLE TEWKES NURSERY REGISTRATION FORM



Child's Details

Child's Full Name:

Date of Birth:

Child's Full Address:

Gender:

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 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:

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.

Signed:

Date:

Calpol

I give permission for staff to administer Calpol 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. 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.

I give Little Tewkes permission to take my child off the premises during nursery sessions.

Signature (Parent/Guardian):

Date:

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

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? Yes/No

What are your child's sleep patterns?

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

What are your child's dietary preferences? Any restrictions?

Does your child need/want a dummy? Yes/No

Does your child have any special toy or object that they might like to bring to nursery for comfort? Yes/No

What does your child enjoy doing at home?

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

CONTRACT



Name of Child: _____

Agreed contracted hours per week: _____

Start Date: _____

I/we have read the Nursery's Prospectus, and Terms and Conditions.

I/we agree to abide by them and pay fees on a monthly/weekly basis in advance.

Signed: _____

Date: _____

Print Name: _____

If this contract is not abided by regarding fees information will be passed on to a third party to recover any debts on behalf of Little Tewkes Nursery.



Dear Parents/Carers

In order to monitor and plan for the development of your child, it is necessary for us to undertake regular written observations of your child and for these to be added to your child's individual profile.

Please could you give consent for these observations to be carried out by signing below.

If you have any questions or queries regarding the above matter please discuss these with a member of staff.

I _____ give permission for my child _____ to be observed.

Signed _____ Date_____.

Sun cream

When the weather gets warmer we tend to use the garden every day. Please can you provide your child with a sun hat which has been clearly labelled with their name inside.

Please could you place sun cream on your child before coming to nursery or provide sun cream in their bags.

I give permission for the staff to apply sun cream (supplied by me) to

_____ (name of child) when necessary.

If I have not supplied sun cream in my child's bag, I give permission for the staff to apply nursery sun cream to _____ (name of child) when necessary.

If there is any reason as to why your child can not use the nursery sun cream then please speak to a member of staff in your child's room.

Signed _____

Date _____