



Registration Form

Key Information

Child's Surname			
Child's First Name(s)			
Known As			
Date Of Birth			
Sex	Boy	Girl	
Religion		Ethnicity	
First Language			
Any Other Language spoken			
Previous Nursery/school (if applicable)			
Parent/Carer 1	Relationship to the child		
	Parental Responsibility		Yes
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
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 To Child		
Address		
Tel. No		
Mobile No.		
Password for Collecting 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					
PM Session					
Full Day					
Additional Requirements					
Start Date					

Medical details

Doctor's Name:			
Address			
Tel. No.			
Health Visitor's Name			
Address			
Tel No.			
Dentist's 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				
CAHMS	Yes	No	Date Involvement commenced	
Name				
Contact information and telephone number				
Name				
Contact information and T telephone number				
Any Other Service	Date Involvement Commenced			
Main service provided				
Main contact 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

Medical Treatment		
I hereby give consent for the staff of Urmston Day 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 medication, including the administration of Calpol for a high temperature.	Yes	No
Apply Sudocrem or other ointment for nappy rash	Yes	No
Apply prescribed creams/ointments for skin conditions	Yes	No
Apply teething powders if required -I understand that is my responsibility to provide teething powders	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 and hat and appropriate clothing during the summer months	Yes	No
Signature..... Date		

Outings		
I hereby give consent for the staff of Urmston Day Nursery to ...		
To take my child on local visits and outings	Yes	No
To travel on public transport	Yes	No
Signature..... Date		

Photographs		
I hereby give consent for the staff of Urmston Day 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 Urmston Day Nursery in another child's file or diary (as a group)	Yes	No
Use photographs of my child in newsletters	Yes	No
Use photographs of my child on the nursery website	Yes	No
Use photographs of my child for advertising purposes	Yes	No
Signature..... Date		

Sharing information		
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I hereby give consent for the staff of Urmston Day 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

Name of person signing:.....

Signature:..... Date:.....

Office use only

Details of Placement.....

Date received..... Date acknowledged.....

Registration fee..... Cheque Cash.....

Staff name..... Date.....

AGREEMENT

I agree to comply with the terms and conditions set out by Urmston Day Nursery Ltd.

Signed..... Date.....

Name.....