



Registration Form - Newdale Nursery

Nursery room required	Start Date Required
Lady Bugs/Little Acorns/Mighty Oaks (please cross off appropriate)	
Do you have another child in the school?	Name of Sibling:

Childs Details			
Name Of Child:		Date Of Birth:	
Child's preferred name:		Gender:	Male/ Female
Child's place of birth:			

Parent(s) Details	
1. Name of Parent/Guardian:	
Address of Parent/ Guardian:	
Telephone Number – Home	
Mobile	
Work	
Email Address	
Relationship to child:	
Do you have parental responsibility:	Yes / No
2. Name of Parent/Guardian:	
Address of Parent/ Guardian:	
Telephone Number – Home	
Mobile	

Work Email Address	
Relationship to child:	
Do you have parental responsibility:	Yes / No

Parent(s) Details continued
Please indicate if there are any custody issues that we need to be aware of. Please supply a copy of the legal documents pertaining to these arrangements. E.g. Does your child only live with one parent? Are you a child's legal guardian? Are there any legal access arrangements that we need to be aware of?

Emergency Contact Details			
Name	Relationship to child	Telephone Number(s)	Authorised to Collect Child
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No

Password	
Please provide a password that you would like us to use if your child is collected by someone different.	

Medical Information											
Name Of Doctor											
Doctors surgery and address											
Telephone Number of surgery											
Please give details of any medical or health needs e.g. inhalers, allergies, special dietary requirements, medical conditions etc											
Name of Health Visitor & Address Telephone number											
Has your child had a 2 year old check with a health visitor	YES/NO										
Vaccinations received (please tick)	<table border="0"> <tr> <td>Diphtheria</td> <td>Measles</td> </tr> <tr> <td>Whooping Cough</td> <td>Mumps</td> </tr> <tr> <td>Tetanus</td> <td>Rubella</td> </tr> <tr> <td>Polio</td> <td></td> </tr> <tr> <td>Hibs</td> <td>MMR</td> </tr> </table>	Diphtheria	Measles	Whooping Cough	Mumps	Tetanus	Rubella	Polio		Hibs	MMR
Diphtheria	Measles										
Whooping Cough	Mumps										
Tetanus	Rubella										
Polio											
Hibs	MMR										
I give my consent for information and documentation to be shared with my health visitor, including the assessment for the 2 year old check. We have regular meetings with health visitors to support you and your family e.g. speech therapy referral.											
Signed	Date										
First Aid											
In the event of an emergency I/We give my/our consent for my/our child to be given medical/ first aid treatment and/ or to be taken to hospital											
Signed	Date										
<u>To Administer Paracetamol Suspension</u>											
In the event of an emergency I/We give my/our consent for my/our child to be given Paracetamol Suspension											
Signed	Date										
Application of creams											
I give my permission for creams (supplied by me) to be applied by the children's centre staff as required e.g. sun cream, nappy cream											

Signed

Date

Application of Face Paint

I give my permission for Face Paint to be applied by the children's centre staff as required.

Signed

Date

Special Needs:

Newdale Nursery has Special Educational Needs Policy.

Does your child have any special needs that you would like to discuss with staff?

NOTIFICATION OF ILLNESS

Newdale Nursery must be notified if your child is unwell and will not be attending. If the condition is an infectious illness the nursery must be made aware.

Staff have the right to exclude a child if it is deemed necessary to prevent infection of others.

I will notify the nursery if my child is unwell and understand that the staff can exclude my child if deemed necessary

Parent/Carer Signature Required:

Date:

Child Protection

As childcare professionals, the staff at Newdale Nursery have a duty to report any suspicions of abuse or neglect of children in their care to the Safeguarding Helpdesk.

I understand that if the staff at Newdale Nursery suspects that any child in their care may have been abused or neglected, they have a duty to report to the Safeguarding Helpdesk.

Parent/Carer Signature Required:

Date:

Social care

If your child has a social care worker for any reason, please provide their name, contact details and provide details of their involvement in the case. Please note: If your child has a protection plan, please state this below but you should not disclose specific details about this on this form.

Support

Has your child been referred for hearing loss/sight/other? Please provide details below

Are you receiving any other help or support? e.g. child and family services, home start, integrated children's services, princess royal assessment group. Please provide details below

Photography Permission

I/We give my/our permission for photographs to be taken of my child to use

For use within the centre (e.g. profiles, displays, observations)

Yes / No

For use within the centre's marketing (e.g. prospectus)

Yes / No

For use within the external media (e.g. Shropshire Star)

Yes / No

For use on nursery Facebook/Twitter/school website

Yes/No

When taking photographs of my child at the nursery, where these contain other children who attend the nursery I promise that these are for my personal use and agree not to publish on the internet and social websites, without first obtaining explicit agreement from the parents/ guardians of the children included in the photograph.

Signed

Date

Special events, other people taking photos of my child i.e. Christmas

Signed

Date

Records

I/We give my/our permission for my child's development record to be shared with other agencies and providers eg child minders and also to be forwarded onto another setting on my child leaving the nursery.

Signed

Date

Centre Activities

I/We give my/our consent to my child taking part in normal centre activities, which are organised to take place outside the centre; on the understanding that I will be told in advance of the activity.

Signed

Date

Cultural Information

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family (if any)?

Are there any festivals or special occasions celebrated in your culture that you would like to see acknowledged within the centre

What language(s) is/are spoken in your home?

If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment?

Yes / No

Agreement	
Signed:	Date:
Signed:	Date:

<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>Change of Circumstances</p> </div>
<p>Please could you keep us informed of any changes in your child's routine, which may affect their time at the Nursery. This includes their health and any family circumstances, no matter how minor. All information will be dealt with in a sensitive manner.</p>
<p>I will keep the nursery informed of any changes to my child's health, etc. at all times.</p>
<p>Parent/Carer Signature Required:</p>
<p>Date:</p>