

REGISTRATION FORM



About Your Child...

Child's First Name: _____ Child's Surname: _____

Known as: _____ Date of Birth: / / Sex: Boy Girl

Religion: _____ Ethnicity: _____

First Language: _____ Other Languages: _____

Parent/Carer 1...

Full Name: _____ Relationship to Child: _____

Parental Responsibility: Yes No

Address: _____

_____ Home Phone: _____

Email Address: _____ Mobile Number: _____

Place of Work: _____

Work Address: _____

Work Phone: _____ Ext: _____ Able to Collect Child: Yes No

Next...

Parent/Carer 2...

Full Name: _____ Relationship to child: _____

Parental Responsibility: Yes No

Address: _____

_____ Home Phone: _____

Email Address: _____ Mobile Number: _____

Place of Work: _____

Work Address: _____

Work Phone: _____ Ext: _____ Able to Collect Child: Yes No

Additional Parent/Carer...

Do any other individuals have legal contact agreements with the child? Yes No

If yes, please provide details below and a copy of relevant documentation:

Next...

Emergency Contacts other than Parents/Carer...

At Fennies, security is of 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.

Contact No.1 Full Name: _____ Relationship to child: _____

Address: _____

_____ Home Phone: _____

Mobile Number: _____ Password for Collection: _____

Sessions Required...

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Day					
Start Date					
Additional Requirements					

Medical Details...

Doctor's Name: _____ Telephone Number: _____

Address: _____

Health Visitor Name: _____ Telephone Number: _____

Address: _____

Does your child have a personal health record book (red book)? Yes No

If yes, please bring to induction visit.

Next...

Support Service Details (as applicable)...

Family Nurse:	Yes	No	Date Involvement Commenced: _____
Name: _____	Contact Number: _____		
Social Worker:	Yes	No	Date Involvement Commenced: _____
Name: _____	Contact Number: _____		
Speech & Language:	Yes	No	Date Involvement Commenced: _____
Name: _____	Contact Number: _____		
CAHMS:	Yes	No	Date Involvement Commenced: _____
Name: _____	Contact Number: _____		
Early Help Team:	Yes	No	Date Involvement Commenced: _____
Name: _____	Contact Number: _____		
Any Other Service:	Yes	No	Date Involvement Commenced: _____
Main Service Provided: _____			
Main Contact Name: _____		Main Contact Number: _____	

Immunisations...

Please tick if your child has been vaccinated against the following;

Diphtheria:	Yes	No	Tetanus:	Yes	No
Hib:	Yes	No	Mumps:	Yes	No
Measles:	Yes	No	Rubella:	Yes	No
Polio:	Yes	No	Whooping cough:	Yes	No

Details of other vaccinations:

Next...

Immunisations cont...

Has your child had any infectious diseases?	Yes	No
If yes, please provide details below:		
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<hr/>		
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Dietary Requirements...

Does your child have any food allergies or dietary requirements?	Yes	No
Please give details:		
<hr/>		
<hr/>		
Are there any foods that you do not want your child to eat?	Yes	No
Please give details:		
<hr/>		
<hr/>		
Does your child have any cultural or religious dietary requirements?	Yes	No
Please give details:		
<hr/>		
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Next...

Consents...

Internet

I hereby give consent for my child to access the internet with staff supervision	Yes	No
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Medical

I hereby give consent for the staff of Fennies Day Nurseries to:

Administer emergency first aid	Yes	No
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Call an ambulance or seek emergency medical and dental attention, including hospital treatment if it is deemed necessary (with accompany member of staff)	Yes	No
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Administer medication	Yes	No
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Apply a plaster when necessary	Yes	No
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Apply suncream. I understand that it is my responsibility to provide suncream. hat and appropriate clothing during the Summer months	Yes	No
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Outings

I hereby give consent for the staff of Fennies Day Nurseries to:

Take my child on local visits and outings	Yes	No
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Travel on public transport	Yes	No
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Individual Requirements and Details...

Photography

I hereby give consent for the staff of Fennies Day Nurseries to photograph my child for use:

In my child's learning journey file and displays around the nursery	Yes	No
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In social media such as our Facebook page	Yes	No
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In public display for marketing purposes in any media (for example our brochures, flyers and website)		
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The images are for Fennies marketing purposes only and will not be licensed to any third parties. The photographs may only be used to represent an imaginary person and your child shall not be publicly named in association with any of the photographs and they shall not represent your child in any derogatory manner

	Yes	No
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Next...

Individual Requirements and Details cont...

Sharing Information

I hereby give consent for the staff of Fennies Day Nurseries to share information about my child with other agencies such as, schools, childcare professionals, speech and language therapists, health visitors etc.

Yes

No

Signature: _____

Date: _____

Please note that staff will share information without consent if they are in any way concerned about the welfare of the child

Other Information...

Please use the space below if you wish to provide any further information

Your Signature...

By signing this form, I agree that all the information provided to Fennies Day Nurseries is correct. I will inform the Fennies Nursery Manager of any changes.

Parent/Carer Name: _____

Signature: _____ Date: _____

Office Use Only:

Date Received: _____	Date Acknowledged: _____		
Registration Fee Amount: _____	Date Paid: _____	Received by: _____	
Deposit Amount: _____	Date Paid: _____	Received by: _____	
Received copy of child's birth certificate:	Yes	No	Date: _____
Manager's Signature: _____	Date: _____		