

8-10 ALLERFORD ROAD, CATFORD

SE6 3DD.

Tel: 0208 698 3318

**REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| Child’s Surname:  Child’s First Name: | Name to be called (if different): | |
| Address: | Date of Birth: | Birth Certificate Checked: |
| Ethnic Origin (Optional): | First Language: |
| Person with parental responsibility: | Address: | |
| Relationship to the child: |
| Telephone Number (Day and Evening): |
| Person with parental responsibility: | Address: | |
| Relationship to the child: |
| Telephone Number (Day and Evening): |
| Name of person collecting your child: | Address: | |
| Telephone Number (Day and Evening): |
| Name of Emergency Contact: | Address: | |
| Relationship to the child: |
| Telephone Number (Day and Evening): |

|  |  |
| --- | --- |
| Does your child have any medical problems?  Please detail any medical procedures which are prohibited by family religion and belief.  Please detail any religious or cultural considerations to be made when caring for your child. | |
| Details | |
| Does your child have any known allergies/special dietary? | |
| Details | |
| Child’s Doctor/Health Visitor details |  |
|  |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |

Has the child been immunized against the below list:

POLIO Yes/No

MUMPS/MEASLES/RUBELLA/MMR Yes/No

DIPHTERIA/TETANUS/WHOOPING COUGH (3 in 1) Yes/No

TUBERCULOSIS Yes/No

MENINGITIS Yes/No

Does the child have any special needs (Sight, Hearing and Speech Defect)? Yes/No.

If yes please give details: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Would you give the permission for your child photograph to be taken?

Yes/No ………………………………………………………………………………………………………………………………………

Any other relevant information ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Please circle which days you would like your child to attend and indicate which times you would like your child to attend on each day**

**(e.g 8am-1pm, 1-6pm, 8-6pm etc)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

**First session date**

**............/............/.............**

|  |  |
| --- | --- |
| Declaration | Signature |
| I have received a copy of the setting prospectus |  |
| I have seen copies of all the settings policies and procedures and agree with this information. |  |
| I understand that I may withdraw my child at any time by giving one month notice. |  |
| I give consent for my child to be escorted on daily outings in line with EYFS requirements. |  |
| I hereby give my consent for the information given above to be held on the file in compliance of the Data Protection Act 1998. |  |
| I understand that full charges will be paid during public holidays and child/parent/guardian illness/occasional off. |  |
| One Week deposit to be paid which you use at the last day of child at the nursery. |  |

|  |  |
| --- | --- |
| Person with parental responsibility Signature | Date: |
| Manager’s/Owner’s Signature | Date |

**IT IS THE RESPONSIBILITY OF THE PARENT/CARER TO CONTACT THE NURSERY IF THERE ARE ANY CHANGES IN THE DETAILS OF THIS FORM.**