

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					
Parent/Carer 1	Relationship to the child				
	Parental Responsibility		Yes	No	
Name					Title
National Insurance Number			DOB		
Address					
			Post Code		
Email Address					
Telephone Number	Home		Mobile		
Place of Work					
Job Title			Dept		
Address					
			Post Code		
Telephone Number			Ext.		
Available to Collect Child	Yes		No		

Parent/Carer 2	Relationship to the child			
	Parental Responsibility		Yes	No
Name				Title
National Insurance Number			DOB	
Address				
			Post Code	
Email Address				
Telephone Numbers	Home		Mobile	
Place of Work				
Job Title		Dept		
Address				
			Post Code	
Telephone Number		Ext.		
Available to Collect Child	Yes		No	
Siblings:				
Name				
Age				
School or any other provision				
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.		
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		

Sessions Required

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM Session					
PM Session					

Medical Details

Doctors Name:			
Address			
Tel. No.			
Health Visitor 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?			
	Yes	No	If Yes please give details:
Date Involvement commenced:			
Main Service Provided:			
Main Contact Name:			

Address & 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		

Food Allergens

Allergies are a growing health concern in the UK. They are life changing and in serious cases can be fatal, or lead to long-term health conditions.

As of December 2014, the Government and the Food Regulators have a list of 14 major allergens, contained in food that all parents need to be aware of.

In compliance with my registration, I must ask that you check through this list and tick the appropriate box(s) that relates to your child.

I will inform you if your child has a reaction to any food I provide and what was in that food under these new guidelines

Named Allergen	Has Tried	Never tried	Found to be Allergic
Cereals containing gluten E.g. - Wheat(inc spelt &Khorasan).Rye, Barley, Oats & their hybridised strains			
Crustaceans E.g. - Prawns, Crab & Lobster			
Eggs			
Fish			
Peanuts			
Soyabeans			
Milk			
Nuts E.g. – Almonds, Hazelnuts, walnuts, pecan, Brazil, Pistachio, Cashew, Macadamia & Queensland nuts			
Celery (inc celeriac)			
Mustard			
Sesame			
Sulphur dioxide/sulphates E.g. – preservatives used in some foods and drinks (at levels above 10mg per kg or per litre)			
Lupin			
Molluscs E.g. Clams, Mussels, Whelks, Oysters, snails& Squid			

Consents

Medical Treatment

I hereby give consent for the staff of Crescent Nursery to ...

Administer Emergency First Aid	Y	N
Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary	Y	N
Administer medication	Y	N
To apply a plaster when necessary	Y	N
To apply sun cream factor 30+. I understand that it is my responsibility to provide sun cream hat and appropriate clothing during the summer months	Y	N

Outings

To take my child on local visits and outings	Y	N
To travel on the company mini bus	Y	N
To travel on public transport	Y	N

Photographs

Photograph my child and for those photographs to be used in my child's file and displays around the nursery	Y	N
Use photographs of my child taken at the nursery in another child's file or diary (as a group)	Y	N
Use photographs of my child in newsletters	Y	N
Use photographs of my child on the nursery website / social media (Instagram/Facebook)	Y	N
Use photographs of my child for advertising purposes	Y	N

Sharing information

Share information about my child with other agencies such as :Speech and Language, Health Visitors, Special educational need support	Y	N
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Signature.....

Date.....

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