



REGISTRATION FORM

Child Details

Child's Full Name:			
Date of Birth		Male / Female	
Religion		Ethnicity	
First Language		Any other Language	
Disability	Yes / No	Access Requirements	
Address	Postcode		

Medical Information

Important Medical Condition (e.g. allergies)	
Injection received:	History of illnesses:

Doctor's Details:

Doctor's Name: Practice Name: Address: Telephone Number:	
Child's Health Visitor Name: Address: Telephone Number:	
Has your child been referred to or in contact with social services? Yes / No (Details on separate sheet if necessary)	
Has anyone in the family been referred to or in contact with social services? Yes / No	
Toilet requirements:	
Special Dietary requirements:	What are the side effects?

Parents/ Carers

Name of person(s) holding parental responsibility:	
Parent / carer One:	Parent / Carer Two:
Home Address:	Home Address (if different)
Telephone:	Telephone:
Email:	Email:
National Insurance number:	National Insurance number:
Work Address:	Work Address:



Are you in receipt of any benefits that contribute to your child's Fee's? Working Tax credits College / University paid direct to parent College / University paid direct to setting 3 Year old funding (Term Time Only) 2 Year old funding: Other:
As of 2012 it has become an Ofsted requirement that we ask for the above information to be obtained

In an emergency, please contact:		
Name:	Relationship to child:	Address and telephone Number:

People authorised to pick up child:		
Name:	Relationship to child:	Address and telephone Number:

In case of emergency there may be times when you may require someone else to pick up your child who is not listed on the contact details. Therefore for security reasons we ask that you provide us with a password that we can put on file so that we are able to identify the person you have sent to collect your child on your behalf. On collection the person will be asked for the password. We also ask that you phone ahead to let us know that someone other than the person's listed is coming to collect your child as for security reasons we will not be able to release your child into their care without prior notice.

Please note only people over the age of 16 permitted to collect children

PASSWORD _____

Permission	
I give consent for my child to receive any medical treatment which is urgently required: Signed (Parent / carer)	Yes / No Date:
I understand that any carer who suspects that a child in his / her care may have been abused or neglected, and has a duty to report this to the Birmingham Safeguarding Signed (Parent / carer)	
Date:	
I give consent for Yellow Penguin Day Nursery to administrate sun cream to my child in my absence: If NO please note Yellow Penguin Day Nursery will not be held responsible for any skin damage	Yes / No
I will provide the nursery with sun cream to apply to my child as and when needed, I will clearly label it with child's full name and date of when purchased.	
Signed (Parent / carer)	Date:
The children may be taken on local visits during their session i.e. a visit to the park, shops, library etc. every possible precaution will taken to ensure your child's safety. Please sign as permission to allow your child to join in with these visits, as it's a very important role in their development	
Signed (Parent / carer)	Date:



We take lots of photographs at yellow Penguin Day Nursery as evidence and for the children to see themselves and reflect on the activity, displays and observations also for children's learning journals. Please make staff aware before signing if you do not wish you child to be photographed

I give consent for photographs to be taken of my child in the setting for the above purpose Yes / No

I give consent for my child to be in pictures that may contain other children for the purpose of learning journals Yes / No

Signed (Parent / carer) _____ Date: _____

To monitor the care of your child there is CCTV in place in the nursery. It has been installed within the parameter of the Data Protection Act.

Signed (Parent / carer) _____ Date: _____

Please note that when registering your child we ask for £50.00 (part –time) £100.00 (Full-time) registration fee to secure your child's place. This is non-refundable

If there is any further information that you think we should know please detail below. For example special words that may be used, comforters, routine etc

I declare that all the information I have provided on this form is true to my knowledge. I understand that this information will be kept on file in a secure location.

Main Carers Full Name: _____ Signed _____ Date _____

Manager's Full Name _____ Signed _____ Date _____

FOR OFFICE USE ONLY

Deposit paid YES / NO	Date Paid	
Date of application:	Start Date:	Date Left:
Session's Days Requested:		
Term time only space: Yes / No		
Terms and conditions given and signed Yes / No		Date:

Are the following on the child's file?

I confirm that I have seen the original documents

Document	Full Name	Signature
Red Book		
Birth Certificate		
Proof of address		
Benefit entitlement		