**REGISTRATION FORM**

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| --- | --- | --- | --- |
| **Child Details** | | | |
| **Child’s Full Name** |  | | |
| **Start Date** |  | | |
| **Date of Birth** |  | **Male / Female** | |
| **First Language** |  | **Any other Language** |  |
| **Disability** | Yes / No | **Ethnicity** |  |
| **SEN Requirements** | Yes / No | **Religion** |  |
| **Home Address** |  | | |

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| **Sessions Requested**  (Please circle)  Minimum 3 sessions per week is required | **Mon**  **am**  **pm** | **Tues**  **am**  **pm** | **Wed**  **am**  **pm** | **Thurs**  **am**  **pm** | **Fri**  **am**  **pm** |
| **Current fees** | **See Nursery Fee Sheet.** Fees arepayable by the 1st day of the month to which they relate. We reserve the right to change these on giving 1-month notice. | | | | |
| **Charges for late collection** | **£5 for first 10 minutes then £1/minute** that you are late in collecting the Child | | | | |
| **Notice required to terminate this contract or change sessions** | 1 month written notice (info@theyellowpenguin.co.uk) | | | | |

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| **PARENT/CARER DETAILS** | |
| Name of person(s) holding parental responsibility: | |
| **Parent / Carer 1:** | **Parent / Carer 2:** |
| Home Address: | Home Address (if different) |
| Telephone: | Telephone: |
| Email: | Email: |
| National Insurance number: | National Insurance number: |
| **Are you claiming funding for:** | |
| 3-Year-old funding (15 or 30 hours);  2-Year-old funding:  If so, please provide relevant code: | |

|  |  |
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| **MEDICAL** | |
| Any Medical Conditions? | |
| Are all vaccination up-to-date: Yes/No  If No, give details: | History of illnesses: |
|  | |
| Doctor’s Name:  Practice Name:  Address:  Telephone Number: | |
| Child’s Health Visitor  Name:  Telephone Number: | |
| Has your child been referred to or in contact with **social services**? Yes / No  (If yes give details on separate sheet if necessary) | |
| Has anyone in the family been referred to or in contact with **social services**? Yes / No | |
| **Toilet requirements**: | |
| **Allergies/Special Dietary requirements:** | **What are the side effects?** |

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| --- | --- | --- |
| **EMERGENCY CONTACTS** | | |
| **Name:** | **Relationship to child:** | **Address and telephone Number:** |
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| **PEOPLE AUTHORISED TO COLLECT CHILD** | | |
| **Name:** | **Relationship to child:** | **Address and telephone Number:** |
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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.

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.

**PASSWORD\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENTS**

**Please Circle Yes or No:**

|  |  |
| --- | --- |
| I consent to our calling an **ambulance** in the event of an emergency | **YES / NO** |
| I consent to Yellow Penguin Day Nursery applying **Sun Cream** to my child | **YES / NO** |
| I consent to Yellow Penguin Day Nursery applying **Nappy Cream** to my child | **YES / NO** |
| I consent to my child going on **Local Trips** outside of the nursery during their session | **YES / NO** |
| I consent for the nursery’s first-aid trained members of staff to administer liquid paracetamol (i.e  **Calpol or equivalent**) to my child if they have a temperature of 37.2°C or above, following the recommended instructions and dosage. I understand that the nursery will call me before giving Calpol  and that it will not be given for any other reason, unless prescribed | **YES / NO** |
| I consent for the nursery’s first-aid trained members of staff to administer **Piriton (or equivalent)** to my child if in case of an allergic reaction and deemed necessary. I understand that the nursery will normally call me before giving Piriton to my child. | **YES / NO** |
| I consent for **Photographs** to be taken of my child by the nursery for use in Displays, Learning Journeys, and Observations. | **YES / NO** |
| I consent for my child to be in **Photographs** that may contain **other children** for the purpose of Displays, Learning Journeys, and Observations (both for your child and others) | **YES / NO** |
| I consent for **Photographs** of my child to be used for **marketing/social media** (i.e., website, Facebook, Instagram etc) | **YES / NO** |
| I agree to the terms of the Yellow Penguin **GDPR Privacy Notice** regarding the processing of mine and  my child’s Personal Data for the stated purposes. Copy available in reception.  I am aware that CCTV is in operation throughout the premises except for the toilets. | **YES / NO** |

**Please note that when registering your child, we ask for £50 non-refundable registration fee to secure your child’s place.**

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

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**I declare that all the information I have provided on this form is true to my knowledge.**

**Signed by Parent/Main Carer**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**Signed by Nursery Manager**

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 | | |
| Parental Declaration Signed (if NEF/EEE): | | |
| Terms and conditions Signed Yes / No Date: | | |

**Are the following on the child’s file?**

**I confirm that I have seen the original documents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Reference Number** | **Signature** | **Date Seen** |
|  |  |  |  |
| **Red Book** |  |  |  |
| **Birth Certificate (check names and DOB)** |  |  |  |
| **Proof of address** |  |  |  |
| **Parent Photo ID** |  |  |  |
| **Benefit/Funding entitlement** |  |  |  |
| **Code for 30 hours/EYPP/2-year funding** |  |  |  |