st paul's
nursery
Registration Form

Child Details	
Forename:	Date Of Birth:
Middle Name:	Gender:
Surname:	Ethnicity:
Known As:	Nationality:
Address:	Language:
	Language(s) Spoken at Home:
Postcode:	Religion:
Birth Certificate Number:	Sibling(s) Currently at Nursery:
Issue Date:	Expected Start Date:

Sessions Required:	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	AM ☐	PM ☐	AM ☐	PM ☐	AM ☐	PM ☐	AM ☐	PM ☐	AM ☐	PM ☐

Other Settings		
Does your Child Attend any other Settings:		YES ☐ NO ☐
Do you give us consent to work in partnership with this setting:		YES ☐ NO ☐
Please provide us with the Name:	Setting Address:	
Setting Tel No:		
Are authorised collector's are over 18?		YES ☐ NO ☐
Is there an EHA already in place for the child?		YES ☐ NO ☐
Has the child has been referred to a social worker or the Early Help Team?		YES ☐ NO ☐
Is the child attending another setting? If so Where?		YES ☐ NO ☐

FOR NURSERY USE ONLY		
Registration Fee Received	Date Received:	Amount Received:
Offer of Place Made	Date:	Sessions:
Deposit	Date Received:	Amount Received:

Primary Contact ☐ Please tick if this is the Bill Payer		
Title:	Parental Responsibility:	YES ☐ NO ☐
Forename:	Authorised Pickup:	YES ☐ NO ☐
Surname:	Emergency Contact:	YES ☐ NO ☐
Address:	Relationship to Child:	
	Home Telephone:	
	Work Telephone:	
Postcode:	Place of Work:	
Pickup Password:	Mobile No:	
	Email:	

Contact 2

☐ Please tick if this is the Bill Payer

Title:	Parental Responsibility: YES ☐ NO ☐
Forename:	Authorised Pickup: YES ☐ NO ☐
Surname:	Emergency Contact: YES ☐ NO ☐
Address:	Relationship to Child:
	Home Telephone:
	Work Telephone:
Postcode:	Place of Work:
Pickup Password:	Mobile No:
	Email:

Contact 3 (Emergency Contact)

☐ Please tick if this is the Bill Payer

Title:	Parental Responsibility: YES ☐ NO ☐
Forename:	Authorised Pickup: YES ☐ NO ☐
Surname:	Emergency Contact: YES ☐ NO ☐
Address:	Relationship to Child:
	Home Telephone:
	Work Telephone:
Postcode:	Place of Work:
Pickup Password:	Mobile No:
	Email:

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

Doctor's Details

Name:	
Practice Name:	
Address:	Telephone:
	Postcode:

Health Visitor's Details

Name:	
Practice Name:	
Address:	Telephone:
	Postcode:

Has your child ever been referred to any of the following specialists (please tick next to all that apply):

Note: If at any point your child is referred to a specialist please ensure that you inform his/her key person and the Nursery Manager.

Speech Therapist YES ☐ NO ☐	Psychologist YES ☐ NO ☐	Physiotherapist YES ☐ NO ☐	Early Help Team YES ☐ NO ☐
Orthodontist YES ☐ NO ☐	Audiologist YES ☐ NO ☐	Dietician YES ☐ NO ☐	Speech and Language Therapist YES ☐ NO ☐
Occupational Therapist YES ☐ NO ☐	Community Paediatrician YES ☐ NO ☐	Family Nurse YES ☐ NO ☐	CAMHS (Child And Adolescent Mental Health Services YES ☐ NO ☐
Other (please specify below)		Social Worker YES ☐ NO ☐	

Does your child have a **Personal Child Health Record Book**? (Red Book) YES ☐ NO ☐

If you have answered YES, please bring it along to your first settling in session

Questions

Dietary Does your child have any intolerances or cultural dietary requirements? YES ☐ NO ☐

Allergies Does your child have any serious allergies? YES ☐ NO ☐
If you have answered YES, you will be required to complete Form HS66 with the Nursery Manager

Has your child had any of the following illnesses?

Diphtheria	YES ☐ NO ☐	Meningitis C	YES ☐ NO ☐	BCG (Tuberculosis)	YES ☐ NO ☐
HIB (Haemophilus Influenzae Type B)	YES ☐ NO ☐	Poliomyelitis	YES ☐ NO ☐	Scarlet Fever	YES ☐ NO ☐
MMR (Measles, Mumps, Rubella)	YES ☐ NO ☐	Tetanus	YES ☐ NO ☐	Chicken Pox	YES ☐ NO ☐
		Whooping Cough	YES ☐ NO ☐		

Additional Information (if applicable):

Has your child had any of the following immunisations?

Diphtheria	YES ☐ NO ☐	Meningitis C	YES ☐ NO ☐	BCG (Tuberculosis)	YES ☐ NO ☐
HIB (Haemophilus Influenzae Type B)	YES ☐ NO ☐	Poliomyelitis	YES ☐ NO ☐	Scarlet Fever	YES ☐ NO ☐
MMR (Measles, Mumps, Rubella)	YES ☐ NO ☐	Tetanus	YES ☐ NO ☐	Chicken Pox	YES ☐ NO ☐
		Whooping Cough	YES ☐ NO ☐		

Additional Information (if applicable):

Medical Needs Does your child have any other medical needs that we should be aware of? YES ☐ NO ☐
e.g. asthma, eczema, or any other. If you have answered YES, you will be required to complete Form HS66

Development Checks Has the Health Visitor completed all of the appropriate development checks? YES ☐ NO ☐
On starting at the Nursery you will be required, alongside your child's key person, to complete a **Baseline Assessment**.

Distinctive Marks Does your child have any distinctive marks on their body? YES ☐ NO ☐
(such as a birth mark or Mongolian Blue Spots), or do they bruise easily? Please give details:

Allergic Reaction Has your child ever had an allergic reaction to a wasp / bee sting? YES ☐ NO ☐

Permissions

I/We give permission to the Nursery to liaise with or refer my/our child to, if necessary, a range of appropriate specialists e.g. health visitor, GP, speech and language, educational psychologist. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to liaise and share my/our child's two-year-old progress check with my/our child's health visitor. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to apply sun cream that has been supplied by the Nursery to my/our child. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to give my/our child a fever reducer if he/she has a fever more than 38˚C using the Nursery Medicine Procedure. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to photograph my/our child and to use these within the Nursery. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to photograph my/our child and for these photographs to be used on the Nursery website and/or included in newspaper articles about Nursery. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to photograph my/our child in a group play scenario to be used in the Learning Journeys of the children who are present in the photograph. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to paint my/our child's face with face paint. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission to the Nursery to take my/our child off the Nursery premises to the park, and for walks and outings using the **Outings Policy**. When using Transport further authorisation will be requested. YES ☐ NO ☐
Additional Information (if applicable):

I/We give permission for a senior member of the Nursery team to accompany my/our child to hospital in an ambulance in the case of an emergency. YES ☐ NO ☐
Additional Information (if applicable):

Permissions – continued

I/We give permission to the Nursery to take this form off the premises in the case of an emergency. Additional Information (if applicable):	YES ☐ NO ☐
I/We give permission to the Nursery to use plasters on my/our child. Additional Information (if applicable):	YES ☐ NO ☐
I/We give permission to the Nursery to apply nappy cream (Sudocrem) that has been supplied by the Nursery. If you have answered YES, you will be required to complete Form HS81 as Sudocrem contains a mild anaesthetic.	YES ☐ NO ☐
I/We give permission to the Nursery to apply _____ nappy cream that has been supplied by me/us. Additional Information (if applicable):	YES ☐ NO ☐
I/We give permission to the Nursery to carry out baby massage on my/our child. Additional Information (if applicable):	YES ☐ NO ☐
I/We give permission to the Nursery to apply baby oils that have been supplied by Nursery FOR USE IN BABY MASSAGE ONLY. Additional Information (if applicable):	YES ☐ NO ☐
I/We give permission for the Nursery to share information with other professionals including other childcare settings. Additional Information (if applicable):	YES ☐ NO ☐
I/We give permission for the Nursery to display my/our child's artwork within the Nursery and on our website. Additional Information (if applicable):	YES ☐ NO ☐

The Nursery will send a confirmation of these details once per year, to ensure the Nursery holds the most up to date information.

Marketing Permission:

I give permission for photographs of my child to be used on the nursery social media and website, for promotional reasons only	YES ☐ NO ☐
I give permission for photographs of my child to be used in the nursery newsletters/ Friday Feedback	YES ☐ NO ☐
I give permission for photographs of my child to be used in nursery marketing materials in any and all media.	YES ☐ NO ☐
I give permission to use photographs during full attendance and post attendance	YES ☐ NO ☐
I give permission for photographs including my child to be shared with our other ICP Nursery Managers via WhatsApp, to help develop good practice and share successful learning opportunities.	YES ☐ NO ☐

I sign to confirm that all the above information is accurate to the best of my knowledge and agree to inform the Nursery if any details change. I understand that I have the right to change any of the permissions given on this form and/or any of my consents in relation to GDPR, at any time, by notifying the Nursery in writing. By signing this form, I acknowledge the Nursery's Terms and Conditions and Fee & Funding Policy.

Name of Parent/Carer 1:	Signature:	Date:
Name of Parent/Carer 2:	Signature:	Date:

GDPR

We have a duty to abide by the GDPR and, as such, require your explicit consent to contact you or use your personal details. ***It is imperative you tick the relevant box – if you do not tick the box we will assume NO.***

Can we send you our Nursery Newsletters?	YES ☐ NO ☐
Please confirm if we can provide information to the local authority about your child? E.g., for the purposes of the administration of Early Years Funding	YES ☐ NO ☐
Please confirm that we can provide information to other settings that your child may attend?	YES ☐ NO ☐
Can we contact you on an ad hoc basis to inform you of things relevant to your child, i.e. if they are unwell?	YES ☐ NO ☐
Do you give consent for us to contact you to invite you to participate in our parent surveys bi-annually?	YES ☐ NO ☐
Are you happy for us to contact you about providing reviews/testimonials relating to the service we provide you?	YES ☐ NO ☐
Are you happy for us to contact you using our Nursery Management Software? (Our Nursery newsletters are sent out using this software so if you would like to receive these, you will need to answer yes to this question).	YES ☐ NO ☐

When your child leaves the setting, we will remove your contact details from our live database, and not contact you, except for the purposes of debt recovery (where applicable). We will only retain documentation/details which we are required to by law.