

Registration Form

First names:		Surname:	
Name known as:		Date of Birth:	
Gender:	Boy / Girl	Religion:	
Nationality:		First/Home Language:	

Parent/ Carer 1			
Name		Relationship	
Address:		Email Address	
Home Number:		Mobile Number:	
Place of Work and Number:			
Does this Parent/Carer have parental responsibility : Yes / No			
Does this Parent/Carer have legal access to the Child : Yes / No			

Parent/ Carer 2			
Name		Relationship	
Address:		Email Address	
Home Number:		Mobile Number:	
Place of Work and Number:			
Does this Parent/Carer have parental responsibility : Yes / No			
Does this Parent/Carer have legal access to the Child : Yes / No			

Emergency contact numbers – Authorised persons to collect child (other than parents / Guardian / Carer) ID/Password will be required	
Contact 1	Name: _____ Tel No: _____ Relationship: _____ Mobile No: _____ Password: _____
Contact 2	Name: _____ Tel No: _____ Relationship: _____ Mobile No: _____ Password: _____
Contact 3	Name: _____ Tel No: _____ Relationship: _____ Mobile No: _____ Password: _____

Are there are festivals or special religious occasions celebrated in your child’s culture, that they will be taking part in, and you would like to see acknowledged while they are at the setting. Or any festivals or special religious occasions that you would not like your child to participate in:

Do you give permission for emergency First Aid and for staff to seek further medical advice in an emergency, or if your child falls seriously ill at ‘Little Fingers’ Day Nursery: Yes / No

Name _____

Parent/Guardians Signature: _____ Date: _____

Is your child up to date with immunisations: Yes / No

Details of Child’s GP:	Name: _____ Tel No: _____ Address: _____
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Medical History:	<p>Does your child have any health problems or take regular medication: Yes / No If yes, please give a detailed report of your child's health problems and the medication they require; please use another sheet of paper if there is not enough space.</p> <p>..... </p> <p>Does your child have any allergies / sensitivities? Yes / No If yes, please provide details below.</p> <p>..... </p>
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Food	<p>Does your child have any diet requirements? Yes / No If yes, please give a detailed report of why your child is not allowed the foods you list: please use another sheet of paper if there is not enough space.</p> <p>..... </p>
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<p>Does your child have any special needs, disabilities, or any stages of Early Years Action in place? Yes / No Details of any special support they will require in the setting:</p> <p>..... </p> <p>Does your child have any professionals from the social care department currently involved with them? Yes / No Details:</p> <p>..... </p>
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<p>Any other information you wish to add about your child:</p> <p>..... </p>

Does your child attend any other nursery settings: Yes / No

If yes, please write the name of the setting:

Child Care Sessions - Please indicate sessions you require			
	Morning (7am-1pm)	Afternoon (1pm-7pm)	Full Day (7am-7pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Preferred start date:			

I _____ agree all information is correct, and I will inform the nursery in writing of any changes to the details I have given to 'Little Fingers' Day Nursery

Parent/ Guardian signature:

Print name _____ date: _____

Please return to 'Little Fingers' Day Nursery, Green Street Green Road, Darenth, Dartford, Kent, DA2 8DX

At 'Little Fingers' Day Nursery if your child has been given antibiotics, then they are not able to attend nursery until they have been taking the medication for 48 hrs, and are well enough to return.

Also if your child has had sickness or diarrhoea then they are not able to return to nursery until they have been clear for 48 hours

Please read and sign our Sickness Procedure

If you wish to have a copy of all our policies and Procedures, please ask and a copy will be given to you

For office use only:

Payment received for registration – signed _____ Date _____

Payment received for deposit: - Amount _____ Date _____

Signature _____