

Registration Form

Key Information

Child's Surname:			
Child's First Name(s):			
Name known as:			
Date Of Birth:			
Gender:	Boy	Girl	Religion:
Nationality: Country of Birth:			Nationality:
Ethnicity:			First/Home Language:
Address:			
		Post Code:	
Birth certificate number:			

Parent/Carer 1	Relationship to the child:			
	Does this parent/carer have parental responsibility :		Yes	No
	Does this parent/carer have legal access to the child and is able to collect from nursery:		Yes	No
Name:				
Address: (If different from above)				
		Post Code:		
Email Address :				
Telephone Number :	Home:		Mobile:	
Place of Work:				
Telephone Number:			Ext:	

Parent/Carer 2	Relationship to the child:				
	Does this parent/carer have parental responsibility :		Yes	No	
	Does this parent/carer have legal access to the child and is able to collect from nursery:		Yes	No	
Name:					
Address: (If different from above)					
				Post Code:	
Email Address:					
Telephone Numbers :	Home:		Mobile:		
Place of Work:					
Telephone Number:		Ext:			

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

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

Contact 3	Name:	Tel No:
	Relationship to child:	Mobile No:
	Password:	

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 made known to the nursery and be aware of your chosen password.

Medical Details

Doctors Name:	
Address:	
Tel. No:	

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

Medical History	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.
	Does your child have any allergies / sensitivities? Yes / No If yes, please provide details below.

Food	<p>Does your child have any diet requirements? Yes / No</p> <p>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> <p>.....</p> <p>.....</p>
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Are there any 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:

Does your child have any special needs, disabilities, or any stages of EHC plans in place?

Yes / No

Details of any special support they will require in the setting:

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.....

Does your child have any professionals from the social care department currently involved with them?

Yes / No

Details:

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.....

Any other information you wish to add about your child:

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

If yes, please write the name of the setting:

.....

Sessions Required

Child Care Sessions - Please indicate sessions you require			
	Morning (7am-12pm)	Afternoon (2pm-6.30pm)	Full Day (7am-6.30pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Preferred start date:			
////////////////////////////////////// Child Care Sessions for Free Early Education (FEE), 2, 3 and 4 year olds – We offer 15 hours – 30 hours, if you are eligible. Please ask for a funding pack.			

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.