



# REGISTRATION FORM

## Section A : Details about your child

Forename(s)

Surname/ Family Name

Home Address

Postcode

Date of Birth

Gender

Is this child in the care of a Local Authority or was he or she in care until adopted, made the subject of a child arrangements or special guardianship order?

Yes / No

If yes, please give details for the Local Authority

Does your child have an Education, Health and Care Plan?

Yes / No

Does your child have a Golden Ticket or are they entitled to 30 hours funding?

Yes / No

Please give details / reference numbers / National Insurance number ( 30 hours only)

Ethnicity

Main Religion

Main language spoken at home

Any other languages

Doctor Name and Surgery

Doctor Telephone number



## Section B : Details about you

Parent 1

Mr, Mrs, Miss etc

Forename

Surname / Family Name

Do you live at the same address as your child?

Yes / No (if no please add address here)

Email Address (by giving us this you are agreeing to being sent correspondence from the School/Nursery)

Relationship to the child

Do you have parental Responsibility?

Home telephone number

Mobile telephone number

Work / Other telephone number

Parent 2

Mr, Mrs, Miss etc

Forename

Surname / Family Name

Do you live at the same address as your child?

Yes / No (if no please add address here)

Email Address (by giving us this you are agreeing to being sent correspondence from the School/Nursery)

Relationship to the child

Do you have parental Responsibility?

Home telephone number

Mobile telephone number

Work / Other telephone number

### Section C : Emergency Contact / Collection Information

Please give details of anyone who you are happy for us to contact in the event of an emergency and also anyone you wish to authorise to collect your child (Age 16 and over only)

			Emergency	Collect
<b>Parent 1</b>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Parent 2</b>			<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to child	Contact numbers	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to child	Contact numbers	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to child	Contact numbers	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to child	Contact numbers	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to child	Contact numbers	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to child	Contact numbers	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to child	Contact numbers	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us a password so that we can identify anyone not known to the nursery ( The adult collecting will also need this )

**Password**

**Name of anyone not authorised to collect your child ( Please give details )**



## Section D : Personal Details of child

Any dietary needs or allergies

Any special needs or disability

Has your child received all their inoculations to date including Tetanus?

Yes

No

Has your child been to another Nursery?

Yes – Please give details

No

Will your child be attending another nursery whilst at Tiddlers?  
If so, which one and how many hours funding will be used there?

Please give details of any professionals involved with your child and also if your family has a Social Worker please let us know their details and a brief reason why they are involved.



## Section E : Your requirements

When would you like your child to start Nursery?

How old will they be when they start?

Years

Months

Please tick which sessions you would like to start with:

	Breakfast Club 8am – 9am	Morning 9am – 12 noon	Lunch 12 noon -1pm	Afternoon 1pm – 3pm	After School Club 3pm – 5.30pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Any more information regarding your child starting Nursery

Any further information you would like us to know (Routines, comforters, special words they use, likes, dislikes, interests etc. )



## Section F : Permissions

Please tick the relevant box and sign at the bottom of the page. You can change your preferences at any time either online or by speaking to your keyworker.

	YES	NO
Permission to liaise with any professionals you have involved with your child to aid the development of your child whilst at Nursery	<input type="checkbox"/>	<input type="checkbox"/>
Permission to share information with other Nurseries/ Preschools/ Child-minders that Your child attends	<input type="checkbox"/>	<input type="checkbox"/>
I have read and understood the Nursery Policies (Please ask a member of staff if you require a copy )	<input type="checkbox"/>	<input type="checkbox"/>
In the event of an emergency I consent to a qualified First Aider treating my child and the Emergency services being involved if they feel necessary.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that I will pay in full any fees owed for hours attended that are not funded	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my child may leave Nursery to go on Local walks. A Risk Assessment is always Completed for these occasions	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for Nursery staff to apply Sun Cream to my child	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for Nursery Staff to check my child for Head Lice	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child to have an Elastoplast put on if needed	<input type="checkbox"/>	<input type="checkbox"/>
I agree that the Nursery can take Photographs of my child for their Development record	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my child's photograph can be used on the school Website	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my child's photo can be used on Class Dojo (Parents only communication)	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my child's photo can be used in internal displays	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my child's photo can be used in the Nursery / School Prospectus	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my child's photo can be used on Social Media Twitter, Facebook etc)	<input type="checkbox"/>	<input type="checkbox"/>

**Signed**

**Date**

