Little Blossoms Day Nursery

Registration Form

Name of Child: ……………………………………………………………………………………………………

Date of birth: ……………………………………………………………………………………………………

Gender: € Male € Female

Childcare hours requested: Minimum of 4 hours for non-funded

Monday: ………………………………………………………………………………………………………

Tuesday: ………………………………………………………………………………………………………

Wednesday: ………………………………………………………………………………………………………

Thursday: ………………………………………………………………………………………………………

Friday: ………………………………………………………………………………………………………

Agreed start date:

Date …………………………… Month …………………………… Year…………………………

Please tick the box that applies to you

€ £4.50 per hour for ages 3-4

€ £4.85 per hour for ages 2-3

€ £5.00 per hour for ages 0-2

Please circle the payment method you wish to use:

Online/Card/Childcare Vouchers/Funded ONLY € Weekly € Monthly

Voucher name: ………………………………………………………………

*£25 registration fee payable to secure your child’s place (Non-refundable)*

Parent/Carer’s details

Name of parent/carer 1: ……………………………………………………………………………………………

Name of parent/carer 2: ……………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………

………………………………………………………………………………… Postcode: ……………………………………

Telephone: ……………………………………………… Email: ………………………………………………………

Signed: …………………………………………………… Date: ………………………………………………………

Family Details:

Child’s full name: ………………………………………………………………………………………………………………

Name known as: ………………………………………………………………………………………………………………

Full address: ………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………

…………………………………………………………………………… Postcode: ………………………………………………

Date of Birth: ………………………………………………… Religion/culture …………………………………

First language spoken ………………………………………………………………………………………………………

Birth certificate seen and copy made: € Yes € No

Parent/Carer 1:

Full name: ……………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Daytime/Work contact: ……………………………………… Mobile: ……………………………………………

Home contact: ……………………………………………………… Email: ………………………………………………

Place of work and address: ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does this parent/carer have parental responsibility for the child? € Yes € No

Parent/Carer 2:

Full name: ……………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Daytime/Work contact: ……………………………………… Mobile: ……………………………………………

Home contact: ……………………………………………………… Email: ………………………………………………

Place of work and address: ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does this parent/carer have parental responsibility for the child? € Yes € No

Emergency details if parents/carers are unavailable:

Full name: ……………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Daytime/Work contact: ……………………………………… Mobile: ……………………………………………

Home contact: ……………………………………………………… Email: ………………………………………………

Place of work and address: ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does this parent/carer have parental responsibility for the child? € Yes € No

Other person(s) with legal contact- to be completed where those with parental responsibility are separated and an S8 order is in place.

Full Name: ……………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………

Contact number: …………………………………………… Email: ………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Contact arrangements seen and made copy € Yes € No

Other persons authorised to collect the child- must be over the age of 16 years

Person 1:

Full name: ………………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………

………………………………………………………………………… Postcode ……………………………………………………

Contact number: ………………………………………… Email ……………………………………………………………

Person 2:

Full name: ………………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………

………………………………………………………………………… Postcode ……………………………………………………

Contact number: ………………………………………… Email ……………………………………………………………

Person 3:

Full name: ………………………………………………………………………………………………………………………………

Relationship to child: …………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………

………………………………………………………………………… Postcode ……………………………………………………

Contact number: ………………………………………… Email ……………………………………………………………

Password for collection of the child by any of the named authorised persons

…………………………………………………………………………………………………………………………………………………

Medical Needs:

Is your child up to date with all immunisations? € Yes € No

Member of staff seen Health Record book to confirm immunisation dates

€ Yes € No

Does your child have on going medical needs or disabilities? Please specify.

€ Yes € No ………………………………………………………………………………………………………………………

Is your child involved with any external agencies? E.g Paediatrician, Speech and Language therapist. Please specify. € Yes € No

…………………………………………………………………………………………………………………………………………………

Does your child require a health care plan? Please specify. € Yes € No

…………………………………………………………………………………………………………………………………………………

Does your child require any ongoing medication whilst in the care of Little Blossoms? Please specify. € Yes € No ……………………………………………………………………………………………………

Does your child have any allergies or food tolerances? Please specify. € Yes € No

…………………………………………………………………………………………………………………………………………………

Does your child have any dietary requirements? E.g vegetarian, please specify.

€ Yes € No ……………………………………………………………………………………………………………………

Does your child require any additional support whilst at Little Blossoms? Please specify. € Yes € No …………………………………………………………………………………………………

Name of GP: …………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………

……………………………………………………………………… Postcode ……………………………………………………

Contact number: ……………………………………… Email ……………………………………………………………

I give Little Blossoms Day Nursery Managers permission to share information regarding my child with other childcare professionals such as Health Visitors and Doctors. This includes the 2 year health checks. € Yes € No

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………

Permissions:

I give permission for the administration of-

Teething gel (babies) € Yes € No

Nappy cream (supplied by me) € Yes € No

Sun cream € Yes € No

Epipen/Anapen or inhaler administered by a trained member of staff (supplied by me) € Yes € No

I give permission for staff to administer hypoallergenic plasters to my child in the event they are needed. € Yes € No

I give permission for my child’s nappy to be changed or for my child to be taken to the toilet by a member of staff at when in the care of Little Blossoms.

€ Yes € No

I give permission for my child to be taken out on trips e.g. Local Park.

€ Yes € No

I give permission for my child to be taken out on planned excursions, e.g visiting a farm. € Yes € No

I am aware that should my child present with a temperature I will be informed immediately to collect my child. My child will not be given any paracetamol products by staff incase my child needs to see a doctor or be taken to the hospital or walk in centre as this would interfere with examinations.

Parent/carer signature:

In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand that my child may be taken to hospital accompanied by the manager or a senior member of staff for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………

As part of the on-going recording of your child’s learning and development, staff members regularly take photographs of all children during their play. Only cameras supplied by Little Blossoms are used for this purpose. The photographs taken will be used for displays within the setting and children’s individual learning and development record. Some photographs may be used for external media, e.g Little Blossoms website and local advertising.

I give permission for photographs to be taken of my child at Little Blossoms

€ Yes € No

I give permission for photographs to be taken of my child whilst on trips and outings by staff at Little Blossoms

€ Yes € No

I give permission for photographs to be taken of my child and used in the media such as, Facebook and twitter page € Yes € No

In the absence of the nursery manager, I am happy to leave my child in the care of the senior members of staff at Little Blossoms. € Yes € No

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………

All policies and procedures are available on our website

[www.littleblossomspeterborough.net](http://www.littleblossomspeterborough.net)

I have read and understood all the policies and procedures at Little Blossoms and I agree to abide by these rules.

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………

Signed………………………………… Print ……………………………………… Date …………………………………

Relationship to child: …………………………………………………………………………………………………………