



For Office Use only Registration Reference Number

.....

Please tick the location of the nursery/ies you wish your child to be registered at. Registration deposit fee - £35 per nursery	Farley Wood	
	Martins Heron	
	Newell Green	

Registration form

We need some details about your child and family. We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact details and for the safety and well-being of your child.

Basic Details	
Child's name:	Known as:
Date of birth:	Gender:
Name of parent(s) with whom the child lives:	
Parent Do you have parental responsibility for this child? Yes/No (please delete as appropriate) If no, do you have legal contact? Yes/No (please delete as appropriate)	Parent Do you have parental responsibility for this child? Yes/No (please delete as appropriate) If no, do you have legal contact? Yes/No (please delete as appropriate)
Address of parent(s) with whom the child lives:	
Home telephone number:	Mobile telephone numbers: Parent: Parent:
Email address	

Name of parent(s) with whom the child does not live:		
Does this parent have parental responsibility?	Yes/No	<i>(please delete as appropriate)</i>
Does this parent have legal contact?	Yes/No	<i>(please delete as appropriate)</i>

Does this parent have legal access to the child?		Yes/No	<i>(please delete as appropriate)</i>
Address:			
Home telephone number:		Mobile telephone number:	
Emergency Contact Details <i>Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency.</i> NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.			
Emergency Contact 1		Emergency Contact 2	
Name:		Name:	
Home telephone no:		Home telephone no:	
Mobile telephone no:		Mobile telephone no:	
Relationship to child:		Relationship to child:	
Security Details <p>A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.</p> <p>My secure password is:</p>			
Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age.			
Authorised Person 1		Authorised Person 2	
Name:		Name:	
Home telephone no:		Home telephone no:	
Mobile telephone no:		Mobile telephone no:	
Relationship to child		Relationship to child	

Additional Security Information	
<p>We have the safety and well-being of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child (either authorised or emergency contacts) when you are unable to.</p> <p>We as a setting and especially your child/children key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and show us a photograph to enable us to identify them when they collect your child.</p>	

Health Information			
Does your child suffer from any of the following <i>(please tick those which apply)</i>			
Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	Kidney/Bladder problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Bee Sting Allergy	<input type="checkbox"/>
Sight Impairment	<input type="checkbox"/>	Deafness	<input type="checkbox"/>
Wears Glasses	<input type="checkbox"/>	Other	<input type="checkbox"/>
If you have ticked any of the boxes above please give details here:			
Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? <i>(Please give details of the medication and dosage)</i>			
Does your child have any special dietary needs or preferences?		Yes/No <i>(Please delete as applicable)</i> If yes please give details below	

Does your child have known allergies?	Yes/No <i>(Please delete as applicable)</i> If yes please give details below
Name of GP:	
Surgery:	
Address:	
Telephone number:	

Safeguarding Children	
Does your family have a social worker for any reason?	
Name:	Telephone number:
Based at	
What is the reason for the involvement of Social Services with your family?	
FOR OFFICE USE - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's named Child Protection file.	

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor	
Name	Telephone number
Based at	
Has your child had their two year old progress check?	Yes/No <i>(Please delete as applicable)</i>
If so, on what date was this completed?	

Are you able to share this information with the setting?

Yes/No *(Please delete as applicable)*

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

Ethnicity and Cultural background

How would you describe your child's ethnicity/cultural background?

What is the main religion of your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while s/he is in our setting?

What is/are the main language(s) spoken at home?

If English is an additional language, will this be your child's first experience of being in an English-speaking environment?
Yes/No *(Please delete as applicable)*

Special Educational Needs and Disabilities

Does your child have any special needs or disabilities?
Yes/No *(Please delete as applicable)*
If yes please give details below

What (if any) special support will your child require in our setting?

Professionals involved with the child

Name

Agency

Role

Name

Agency

Role

Telephone no	Telephone no
--------------	--------------

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

Permissions and Consent	
Permission for the setting to act in loco parentis	
If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply and sign and date this section.	
I / We parent(s)/guardian(s) of _____ do / do not give consent on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.	
I / We do not agree to this statement and indicate our wishes as follows	
Signatures of parent(s)	
Date	
Permission for the application of sun cream	
Please read the statements below and strike through the statement that does not apply	
I / We parent(s)/guardian(s) of _____ give consent on my behalf to apply their own supply of high factor children's sun cream (Nivea Factor 50) to my child.	
OR	
I / We parent(s)/guardian(s) of _____ do not agree to the above statement and I / We will supply our own sun cream, clearly labelled with my child (rens) name.	
Signatures of parent (s)	
Date	
Please tick the statements below if you consent to the following:	
<input type="checkbox"/>	I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc
<input type="checkbox"/>	I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting
<input type="checkbox"/>	I consent to my child having their photograph taken to be used for publicity purposes – website, flyers.
<input type="checkbox"/>	I consent to my child's photograph being used on the settings social media sites
<input type="checkbox"/>	I consent to my child's artwork (with their name) being displayed in the setting
<input type="checkbox"/>	I consent to my child's photograph being used in learning journeys of other children within the setting

	I consent to my child being videoed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children's behaviour
	I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary
	I consent to my child's learning journey being shared with Ofsted inspectors and/or as part of audits by the local authority
Please sign below to confirm your consent for the indicated statements above:	
Signature of Parent(s)/Guardian:	

Further information regarding how we use children's images within the setting can be found in our Image Use Policy.

<p>SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.</p>
<p>I / We confirm that the information provided on this form is correct to the best of our knowledge.</p> <p>Signature of Parent (s)/Carer (s)</p> <p>Date</p>

Older siblings names and date of birth:

Younger siblings names and date of birth:

Signature of parent: Date:

Please send this registration form and non-refundable Registration Fee to the following address:

Plus Three Nurseries LTD, Hope House, 21c Balliol Way, Owlsmoor, Sandhurst GU47 0QN

Mobile: 07970030769 Email: plusthreenursery@aol.com

Website: www.plusthreenurseries.com Company Number : 10861701

Thank you for completing this form. You are welcome to request to see the information we hold on you and your child at any time.

