



## REGISTRATION FORM

### PARENT/GUARDIAN PRIMARY CONTACT DETAILS

Parent/Carer Title: Mr  / Mrs  / Ms  / Miss  / Dr  / Other (Please specify):

First Name:

Surname:

Date of Birth:

Relationship to Child:

Address:

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No:

Email:

Security Password:

*(Password to be used by adults when collecting your child from nursery or in an emergency)*

Parental Responsibility?: Yes  No

*(See definition of Parental Responsibility on the last page of this registration form)*

Name of Employer:

Address of Employer:

### CHILD DETAILS

First Name:

Middle Name(s):

Surname:

Known name:

Gender: Male  Female

Date of Birth:

Is there or has there been any involvement with Social Services and/or Court orders in place? Yes  No

### DOCTOR DETAILS

Doctor's Name:

Tel No:

Surgery Name:

Address:

Postcode:

### PARENT/GUARDIAN SECONDARY CONTACT

First Name:

Surname:

Date of Birth:

Relationship to Child:

Address:

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No:

Email Address:

Emergency Contact?  
Yes  No

Parental Responsibility? Yes  No   
*(See definition of Parental Responsibility on the last page of this registration form)*

Authorised Pick-up?  
Yes  No

Name of Employer:

Address of Employer:



## REGISTRATION FORM

### EMERGENCY CONTACTS (other than Parent(s)/Guardian(s) noted above)

Name:		Relationship to Child:	
Address:			
Postcode:			
Home Tel No:		Work Tel No:	
		Mobile Tel No:	
Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Authorised Pick-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### EMERGENCY CONTACT (2)

Name:		Relationship to Child:	
Address:			
Postcode:			
Home Tel No:		Work Tel No:	
		Mobile Tel No:	
Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Authorised Pick-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### EMERGENCY CONTACT (3)

Name:		Relationship to Child:	
Address:			
Postcode:			
Home Tel No:		Work Tel No:	
		Mobile Tel No:	
Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Authorised Pick-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### PERSONAL DETAILS (Please circle)

<b>Hair Colour</b>	Black	Blonde	Dark Brown	Light Brown	Red	Other (please specify):		
	Blue	Brown	Green	Hazel	Grey	Other (please specify):		
<b>Religion</b>	Baptist	Buddhist	Catholic	Christian	Church of England	Church of Scotland		
	Hindu	Islam	Jehovah Witness	Jewish	Methodist	Muslim	Prefer not to say	
	Shinto	Sikh	Spiritualism	Chinese	None	Other (please specify):		
<b>Nationality</b>	African	American	Australian	Brazilian	British	Canadian	Mandarin	Afrikaans
	Chinese	Dutch	French	German	Greek	Italian	Bengali	Hindi
	Japanese	Polish	Portuguese	Somali	Spanish	Other (please specify):		
<b>Language</b>	Chinese	Creole	Dutch	English	Romanian	French	Somali	Spanish
	German	Greek	Italian	Japanese	Polish	Portuguese	Mandarin	Bengali
	Other (please specify):							
<b>Ethnicity</b>	Asian Bangladeshi	Asian Indian	Asian Other	Asian Pakistani	Black African	Black African Other	Prefer not to say	
	Black African Somali	Black Caribbean	Black Other	Chinese	Greek/Greek Cypriot	Gypsy/Roma	White Other	
	Irish		Mixed Other		Mixed White & Asian		Mixed White & Black African	
	Traveller or Irish Heritage		Turkish/Turkish Heritage		White European		White British	
	Other (please specify):							



## REGISTRATION FORM

<b>Medical</b>	Does your child have any medical conditions?    Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide more details (including any medication):
	Are your child's vaccinations up to date?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Allergies</b>	Does your child suffer with any allergies?    Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide more details (including any medication):
<b>Dietary</b>	Does your child have any dietary requirements?    Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please describe:

### SESSIONS

	AM	PM	All day	
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date you wish your child to start:
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Term Time Only	<input type="checkbox"/>	All Year	<input type="checkbox"/>	

### PERMISSIONS

**Please read the following statements and tick to confirm your agreement:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I/we agree to observations being made and developmental records (electronic and paper) kept of my child.  |
| <input type="checkbox"/> | I/we understand that details of my child will be confidential within the nursery setting and will not be shared with any other parent. I understand that information may be shared with other professionals, if necessary.                        |
| <input type="checkbox"/> | I/we agree to photographs and videos being taken of my child for the purposes of observations, individual and for the Carousel Nursery records. I understand that these will not be shared with others outside the nursery without my permission. |
| <input type="checkbox"/> | I/we give permission for photographs or videos of my child to be included on the Carousel Nursery website ( <a href="http://www.carousel-nursery.com">www.carousel-nursery.com</a> ).   |
| <input type="checkbox"/> | I/we give permission for photographs or videos of my child to be included on Carousel Nursery Facebook page (this page is an open page) – <a href="https://www.facebook.com/carouselnurserydsj">https://www.facebook.com/carouselnurserydsj</a> . |
| <input type="checkbox"/> | I/we give permission for photographs or videos of my child to be included on the Carousel Nursery Twitter page (this is an open page) - <a href="https://twitter.com/carouseldsj">https://twitter.com/carouseldsj</a>                             |
| <input type="checkbox"/> | I/we give permission for photographs or videos of my child to be included on our online learning journal software, Tapestry.  |
| <input type="checkbox"/> | I/we give permission for photographs or videos of my child to be included in group observations sent to other parents/carers of children that attend Carousel Nursery on Tapestry.  |
| <input type="checkbox"/> | I/we give permission for photographs of my child to be included on the nursery administration software.   |
| <input type="checkbox"/> | I/we give permission for photographs of my child to be included on internal displays within Carousel Nursery.   |
| <input type="checkbox"/> | I/we give permission for photographs of my child to be included in local press of magazines.  |



## REGISTRATION FORM

<input type="checkbox"/>	I/we agree to my child participating in local outings, without prior consent (i.e. such outings may include a walk to the park, feeding the ducks, visiting the local library etc). This statement only applies to outings within walking distance in the local area, outing requiring hired or public transport will be subject to additional permission/consent.
<input type="checkbox"/>	I/we agree for staff to check my child's head for signs of headlice.
<input type="checkbox"/>	I/we agree, if required, for staff to apply hypo-allergenic plasters.
<input type="checkbox"/>	I/we agree, if required, that staff can apply nappy cream (I understand that I must provide nappy cream, clearly labelled with my child's name.)
<input type="checkbox"/>	I/we agree/consent to my child being given liquid paracetamol (i.e. Calpol), in line with the manufacturer's guidelines, in the event of them needing it to control a high temperature or for teething. I understand that I will be contacted before my child receives Calpol. I understand that if my child is deemed to be unwell I will have to collect them from nursery. If I can not be contacted I agree that Calpol can be given in the event of a high temperature. I understand that I must provide a bottle of liquid paracetamol (i.e. Calpol), clearly labelled with my child's name and give it to a member of staff and not left in your child's belongings bag. I understand that the nursery are unable to administer liquid paracetamol (i.e. Calpol) for more than 3 consecutive days unless prescribed by a doctor. We are unable to administer Ibruprofen (Calprofen, Nurofen) or any other medication (including cough syrup) unless prescribed by a doctor.
<input type="checkbox"/>	I/we agree to apply sunscreen to my child before they attend nursery (when appropriate), but in an emergency situation, I agree for a member of staff to apply sunscreen to my child. I understand that I must supply the nursery with the sunscreen and a sun hat. I confirm that the sunscreen is within expiry and that it provides high protection.
<input type="checkbox"/>	I/we agree, in the event of an emergency, for my child to receive emergency first aid by a trained first aider within the nursery.
<input type="checkbox"/>	I/we agree, in the event of an emergency, for the nursery to seek emergency medical treatment or advice in my absence.
<input type="checkbox"/>	I/we agree to receiving emails regarding my child's daily activities, development progress, nursery newsletter and any other information that is appropriate.
<input type="checkbox"/>	I/we agree that details of my family, which are held by the nursery under the General Data Protection Regulation (GDPR), can be used within the nursery (this allows us to store your details on our nursery software).

### DECLARATION

I have read and understood the nursery Terms & Conditions and Permissions and understand that this form is a legally binding document. Please note where both parents/guardians register for a place, both shall be jointly responsible for nursery fees and monies owed to the nursery throughout the life of this contract.

Please be advised that any changes need to be notified in person by someone with parental responsibility.

We will require sight of your child's original birth certificate in order to confirm registration.

### SIGNATURES

<b>Signature of Primary Parent/Guardian:</b>		<b>Date:</b>	
<b>Signature of Secondary Parent/Guardian:</b>		<b>Date:</b>	

**Definition of Parental Responsibility:**

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he's either:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

You can apply for parental responsibility if you don't automatically have it.

[www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility](http://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility)

**Office use only**

Sight of original Birth Certificate:    Yes  No

Additional information required:    Medical  Dietary  Social Services/Court Order  Allergies  Permissions

Notes: