

## CHILD REGISTRATION FORM

### 1. BASIC DETAILS

NAME OF CHILD: .....

DATE OF BIRTH: .....

ADDRESS: .....

.....

.....

HOME TELEPHONE: .....

MOBILE: .....

PLEASE  
PLACE  
PHOTO  
HERE

PLEASE  
PLACE  
PHOTO  
HERE

1ST GUARDIAN NAME: .....

2ND GUARDIAN NAME: .....

DO YOU HAVE PARENTAL RESPONSIBILITY?

Y  N

DO YOU HAVE PARENTAL RESPONSIBILITY?

Y  N

WORK NUMBER: .....

WORK NUMBER: .....

MOBILE NUMBER: .....

MOBILE NUMBER: .....

I HAVE PAID MY £100 POUND DEPOSIT TO KINGSWOOD NURSERY

HOW DID YOU HERE ABOUT KINGSWOOD NURSERY?

.....

PARENT SIGNATURE: .....

MANAGER'S SIGNATURE: .....

## CHILD REGISTRATION FORM

### 2. EMERGENCY CONTACTS

NAME OF CHILD: .....

DATE OF BIRTH: .....

I (Parent/Guardian Name) ..... give my permission for the emergency contacts listed below to collect my child in an emergency or when I am unavailable to do so.

#### EMERGENCY CONTACT 1

PLEASE  
PLACE  
PHOTO  
HERE

NAME: .....

RELATIONSHIP TO CHILD: .....

WORK NUMBER: .....

MOBILE NUMBER: .....

HOME NUMBER: .....

#### EMERGENCY CONTACT 2

PLEASE  
PLACE  
PHOTO  
HERE

NAME: .....

RELATIONSHIP TO CHILD: .....

WORK NUMBER: .....

MOBILE NUMBER: .....

HOME NUMBER: .....



## CHILD REGISTRATION FORM

### 3. MY ROUTINE

NAME OF CHILD:

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DATE OF BIRTH:

---

When would you like your child to start nursery?

---

---

What days and times will your child be attending nursery?

---

---

What is your child's favourite thing to do?

---

---

Do they have any comfort object?

---

---

Are they weaning? If so, what plan are you using?

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---

What times does your child go to sleep?

---

---

What times does your child have milk feeds?

---

---

Additional information (eg. are they vegetarian?)

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## CHILD REGISTRATION FORM

### 4. EQUALITY AND DIVERSITY

NAME OF CHILD: .....

DATE OF BIRTH: .....

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

.....  
.....

What is your main religion?

.....  
.....

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 in the nursery?

.....  
.....

What language is spoken at home?

.....  
.....

If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment?  Yes  No

Do you wish to discuss this with your key person?  Yes  No



## CHILD REGISTRATION FORM

### 5. ADDITIONAL REQUIREMENTS

NAME OF CHILD: .....

DATE OF BIRTH: .....

Does your child have any special needs or disability?  Yes  No

If yes, please give details  
.....

What special support will they require within the nursery?  
.....

Do you or your child have any additional support from social service, area S.E.C.O Health Visitor or any other out side agency?  Yes  No

If yes, please give details:  
.....

Does your child have any allergies?  Yes  No

Do they require any medications on regular basis to control allergies?  Yes  No

Is there any additional information about your child that we should be aware of?  Yes  No

Please tell us any other preference you may have:  
.....

Does your child have any allergies/skin conditions?  Yes  No

If yes, please give details:  
.....

## CHILD REGISTRATION FORM

### 6. VACCINATION HISTORY

NAME OF CHILD: .....

DATE OF BIRTH: .....

Please indicate in the table below which vaccination your child has had administered.

	YES	NO
<b>AT TWO MONTHS</b>		
Diphtheria + Tetanus + Pertussis + Polio + Hib (Pediaceal or Infanrix-IPV+Hib)	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal (Prevenar or Synflorix)	<input type="checkbox"/>	<input type="checkbox"/>
<b>AT THREE MONTHS</b>		
Diphtheria + Tetanus + Pertussis + Polio + Hib (Pediaceal or Infanrix-IPV+Hib)	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis C (Meningitec, Menjugate or NeisVac-C)	<input type="checkbox"/>	<input type="checkbox"/>
<b>AT FOUR MONTHS</b>		
Diphtheria + Tetanus + Pertussis + Polio + Hib (Pediaceal or Infanrix-IPV+Hib)	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis C (Meningitec, Menjugate or NeisVac-C)	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal (Prevenar or Synflorix)	<input type="checkbox"/>	<input type="checkbox"/>
<b>AROUND 12-13 MONTHS</b>		
Meningitis C + Hib (Menitorix)	<input type="checkbox"/>	<input type="checkbox"/>
Measles + Mumps + Rubella (MMRvaxPRO or Priorix)	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal (Prevenar or Synflorix)	<input type="checkbox"/>	<input type="checkbox"/>
<b>AT 3-5 YEARS (USUALLY BEFORE CHILD STARTS SCHOOL)</b>		
Diphtheria + Tetanus + Pertussis + Polio (Repevax or Infanrix-IPV)	<input type="checkbox"/>	<input type="checkbox"/>
Measles + Mumps + Rubella (MMRvaxPRO or Priorix)	<input type="checkbox"/>	<input type="checkbox"/>



## CHILD REGISTRATION FORM

### 7. DOCTOR'S CONTACT INFORMATION

NAME OF CHILD

.....

DATE OF BIRTH

.....

Doctor's Name:

.....

Doctor's Address:

.....

.....

Doctor's Telephone Number:

.....

Health Visitor's Name:

.....

Based at:

.....

Contact Telephone Number:

.....



## CHILD REGISTRATION FORM

### 8. PARENT PERMISSION FORM - EMERGENCY TREATMENT

In order for staff to ensure your child receives the best possible care, attention and treatment should be sought in any emergency situation at the decision of the manager at Kingswood Nursery. In order for your child to attend the nursery we need your consent to seek emergency treatment in any situation or circumstance deemed to be serious.

Full Name of Child

Date of Birth

Name of Guardian

Name of Guardian

**Please complete and sign the following declaration:**

I agree to the Kingswood Nursery manager (or deputy in charge) on behalf of the registered person in taking the necessary steps to ensure my child..... receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the provision or while my child is on an authorised outing. I understand that the person responsible will make every effort to inform me of any emergency or accident as soon as possible after the event and they will accompany my child to hospital in the case of a serious emergency in my absence. I give my permission for Kingswood Nursery manager (or deputy in charge) to authorise hospital staff essential treatment until my arrival.

Signed by Guardian

Date

Signed by Guardian

Date





## CHILD REGISTRATION FORM

### 9. PARENT PERMISSION FORM - ADMINISTERING MEDICATION

In order for staff to give prescribed medicines (eg antibiotics, inhalers) and location (eg suncreams, sudocream) or teething gels whilst in the provision, we need permission from you as the parent. Therefore please complete and sign the form below. We will also ask you to complete a form on any day's a child may be on any medications within the provision.

Please be aware that any child on medication must first be on the medication for a minimum of 48hrs before entering nursery

Full Name of Child:

.....

Date of Birth:

.....

I give my permission for Kingswood nursery to administer medicines to my child

Name of Guardian:

.....

Signature of Guardian:

.....

Date:

.....



## CHILD REGISTRATION FORM

### 10. PARENT PERMISSION FORM - PHOTOGRAPH PERMISSION

Often photos are used in observations and in children's records as part of their learning throughout Kingswood Nursery. Please complete the following form giving permission for photos to be taken of your child.

I (Parent/Guardian's Name) DO / DO NOT give permission  
.....

for my child  
.....

to have their photo taken by Kingswood nursery for the use of displays, planning and observations

Signed  
.....

Date  
.....



## CHILD REGISTRATION FORM

### 11. PARENT PERMISSION FORM - OUTINGS FORMS

In order for your child to be included on outings away from the provision please can you complete and sign the following form giving permission for Kingswood Nursery to take your child on scheduled outings (eg: to the park).

I (Parent/Guardian's Name) ..... give permission for Kingswood Nursery  
to take Child's Name ..... Date of Birth: .....

on outings outside of Kingswood Nursery.

Signed .....

Date .....



## CHILD REGISTRATION FORM

### 12. PARENT PERMISSION FORM - OBSERVATIONS PERMISSION

Often the nursery uses observations as part of your child's development within the nursery, building a portfolio and creating a picture of how they are developing.

Therefore we ask you to give your consent for us to observe your child on a regular basis.

I DO / DO NOT give permission for my child ..... to be observed at Kingswood Nursery.

Signed:

.....

Name:

.....

Date:

.....

Relationship to child:

.....