

Registration Form

(EGM)

Preferred Sessions (please circle)		Reg Date							
Mon am	pm	Tues am	pm	Wed am	pm	Thurs am	pm	Fri am	pm
Registration fee					Deposit				
Date & Amount					Date & Amount				
Start Date:					First Term's Fees:				

Please fill in all sections of this form.

Please use a separate form for each child.

Family Name/Surname	Child's Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Ethnic Origin:	First Language
Who has the legal responsibility for the child:	
Who has the parental responsibility for the child:	

Home Address:	Emails:
Home Tel No (landline)	
Mothers Name:	Fathers Name:
Mothers Work No:	Fathers Work No:
Mothers Mobile No:	Fathers Mobile No:

Alternative contacts who may collect your child or be contacted in an emergency Name:	
Name & Relationship to child	Daytime Telephone:
Name & Relationship to child	Daytime Telephone:
Name & Relationship to child	Daytime Telephone:

Doctors Name:	Telephone Number:
Surgery Address:	
Health Visitors Name:	Telephone Number:

Injections (please tick and date those received)			
Diphtheria	Whooping Cough	Tetanus	Polio
M.M.R	Menigitis	HIB	Others (please state)

Has your child had any of the following illnesses? (tick to indicate)			
Whooping Cough	Mumps	Measles	Chicken Pox
Glandular Fever	Scarlet Fever	Other (please give details)	

Does your child suffer from any of the following? (tick to indicate)			
Asthma	Hayfever	Eczema	Fits
Other (please give details)			

Does your child suffer from any Allergies? (tick to indicate)					
Milk	Wheat	Elastoplasts	Eggs	Fish	Strawberries
Penicillin	Stings	Other (please state)			
Further information:					

If your child is on medication please give details:

Sleep Routine: _____ **Toileting:** _____

If your child has any dietary requirements please give details:

Any Additional Information

Consents

I/We give consent for my child to participate in all indoor, outdoor activities and local visits.

I/We also fully authorise that the Nursery staff attend to all matters relating to my child's health whilst at the nursery and in the event of an emergency, staff will arrange for my child to receive hospital treatment and inform me/us. I/We agree that in the event of my child becoming ill/contagious, I will, once contacted come and collect. I agree not to send my child to the Nursery if they are ill.

I/We give consent for suncream/nappycream to be applied to my child whilst at nursery. I will provide the cream from home.

I/We give consent for photographs to be taken of my child and used for educational purposes

Telephone consent will be gained, if I/We cannot be contacted I give consent for calpol to be administered in the event of an emergency/raised temperature.

I/We give consent for my child's key person to conduct observations for developmental purposes.

• I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Social Services Department.

SIGNED _____ **DATE** _____