

Registration fee paid yes/no Deposit Paid yes/no Amount £.....
 Evidence seen yes/no Type..... Reference number



Kiddies Corner Day Care Registration Form

All information gathered will be entered onto a secure computer data base.

Name of child..... Date of birth

Who's names are on the child's birth certificate?

Who has legal contact with the child?

Who does the child live with?

Is there anything about your family composition that you would like to share with us? So we can ensure that no group is discriminated against
 Yes/No

If separated does the child have contact with their other parent? (please circle) Yes / no

Childs Address in full

First line Town/city

Post code Tel no. Work no.....

Mobile Email address;

2nd parents address if applicable

First line Town/city

Post code Tel no. Work No.....

Mobile Email address;

When would you like your child to start?..... Would you like term time only yes/no

Please mark in below which session times you would like your child to attend & on which days.

Monday	Tuesday	Wednesday	Thursday	Friday

Children who are eligible to claim their free entitlement funding have two options

- 1) Use up to 15 hours per week for 38 weeks of the year (term time only) YES/NO
- 2) Use up to 12 hours per week for 48 weeks of the year (see term dates) YES/NO

Free Early Education hours can be taken free of any charge, additional hours will be chargeable.

If you decide to place your child with Kiddies Corner you will be required to complete this registration form & pay a registration fee of £30 to secure your child's place (this is non ~ refundable and does not apply to children attending the holiday club only, or children accessing funded hours only), and contributes towards administration costs. We also ask that you make a donation of £2 towards sun cream provided by the nursery and applied by staff to ensure your child's safety in the sun (if your child requires a special type of Sun cream we would ask that you supply it, and staff will apply)

How did you hear about the nursery? Would you like a home visit before your child starts?.....

Full name of parents/guardians.....

1st Emergency contact

Name Relationship to child

Tel no. Mobile

2nd Emergency contact

Name Relationship to child

Tel no. Mobile

3rd Emergency contact

Name Relationship to child

Tel no. Mobile

Does your child attend another setting? Yes/No Name of setting & key person

May we contact them to share your child's achievements? Yes/No

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Medical history, except childhood illnesses ~ please list any disabilities/illnesses/birth history

1).....
2).....

Allergies ~ **please list allergies including signs and symptoms to look for & medication required.**

1).....
2).....

Dietary needs ~ please specify like/dislike, person preference or religious reason.

Are you supported by outside professionals to help your child for example Speech and language therapy, physiotherapy, behaviour management, please give details

When was your child's last check up and what was the outcome? Continue overleaf if necessary.

Hearing Eye test.....

Developmental check

Dietician

Other

Is your child potty trained? Yes/No

Does your child have any distinguishing marks? (ie Birth mark) Yes/No if yes please describe

Brief description of child eg temperament, appearance, any fears such as dogs/loud noises etc.

Comments or suggestions regarding your child. Preferred names. Likes/dislikes etc.

Any religious celebrations you would like us to celebrate with you?.....

Ethnic origin Religion

Languages Language spoken at home

Doctors name Tel no.

Address

Health visitor Tel no. Social worker:..... Tel no.....

Names of people who may collect your child and their relationship to them

Password for people collecting (**this is for your child's safety please state a password**).....

*please delete where appropriate

I *consent/do not consent to the nursery seeking any necessary emergency medical advice or treatment. I give consent for an anaesthetic to be administered (by a qualified practitioner) in an emergency if I cannot be contacted.

I understand that occasionally photographs of children participating activities are taken for the display work etc

I *agree/do not agree.

Occasionally photographs maybe used for marketing purposes such as flyers prospectuses and newspaper articles.

I *agree/do not agree

I *consent/do not consent to my child attending the park, beach, library, duck pond and other local areas of interest etc for outdoor play ~ by foot.

I *do/do not give permission for staff to assist my child with applying sun cream provided by the nursery.

I *do/ do not agree. Occasionally for parties and special celebrations the children enjoy having their face or hands painted

I *do/do not agree to my child's photo's occasionally being used on the nursery website.

I *do/do not agree to my child's photo's being used on the nursery's Facebook group.

I *would/would not like my child to receive a healthy nutritional hot meal provided by the nursery at a charge of £2 per day.

I would/would not like to purchase uniform for my child (T-shirts £6.50/Jumper £10/Hoody £11)

Signed

Print Name

Parent/guardian.....

Date