



## Child Registration Forms

### Personal Details

Name of child	
Date of birth	
Home address	
Postcode	
Religion	
Ethnic origin	
Nationality	
Language(s) spoken at home	
Details of any special educational needs/disabilities	
How did you hear about <b>Bright Sojourner Nursery</b> ?	
Preferred start date	
Password	

### About your family

Mother/carer	
Title	
Full Name	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	

Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/>
	Collect child from nursery <input type="checkbox"/>
	Contact in emergency <input type="checkbox"/>

Father/carer	
Title	
Full Name	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/>
	Collect child from nursery <input type="checkbox"/>
	Contact in emergency <input type="checkbox"/>

**Other contacts**

Title	
Full Name	
Relationship to the child	
Address	
Postcode	

Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

**Medical details**

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations?  Please tick	Tetanus	
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Whooping cough	
Any other immunisations		
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		

Health visitor details	
Name	
Address	
Postcode	
Telephone number	
Other agency details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	

### Sessions

Please indicate your preferred sessions.

	Mon	Tues	Wed	Thurs	Fri
Hours of attendance (circle as appropriate)	am	am	am	am	am
	pm	pm	pm	pm	pm

### Communication Plan

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone



### Permission/Consent

I agree to the registered person of the setting taking the necessary steps to ensure that my child \_\_\_\_\_ **[name of child]** receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or while my child is on an authorised outing.

I understand that the registered person will make every effort to inform me of any emergency or accidents as soon as possible after the event but they may have to accompany my child to hospital in the case of a serious accident in my absence.

I give my permission for the registered person in charge of **Bright Sojourner Nursery** or deputy in charge or nominated person to authorise hospital staff to administer essential treatment until my arrival.

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date \_\_\_\_\_

If you do not agree with any or all of the above declaration, please do not sign but make your views known in the space below.

The registered person in charge of **Bright Sojourner Nursery** will discuss this with you and do their best to accommodate your particular wishes.

**Please tick If you give your permission and consent to the following, otherwise leave untick:**

Permission for nursery staff to observe my child, including photographs where necessary

Permission for photographs of my child to be displayed in the nursery

Permission for photographs of my child to be used in nursery publicity material, e.g. brochure, posters, flyers

Permission for photographs of my child to be used on the nursery website for promotional reasons only

Permission for my child to take part in trips off the nursery premises

Agree to my child being photographed and named in the press and on publicity materials.