Child Registration Forms

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child |  | | |
| Date of birth |  | | |
| Home address  Postcode |  | | |
| Position in family |  | | |
| Hair colour |  | Eye colour |  |
| Religion |  | | |
| Ethnic origin |  | | |
| Nationality |  | | |
| Language(s) spoken at home |  | | |
| Intended medium of education, e.g. English, Welsh |  | | |
| Details of any special educational needs/disabilities |  | | |
| How did you hear about Tree Tots? |  | | |
| Preferred start date |  | | |

\*For safeguarding purposes, please provide a copy of your Child’s birth certificate (or proof of legal guardianship) with this form (it will be destroyed once checked).

About your family

|  |  |
| --- | --- |
| Mother/carer |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| 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 Payment of fees  Collect child from nursery Contact in emergency |

|  |  |
| --- | --- |
| Father/carer |  |
| Title |  |
| First name |  |
| Surname |  |
| Password |  |
| 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 Payment of fees  Collect child from nursery Contact in emergency |

Other contacts

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact one | | | | |
| Title | |  | | |
| First name | |  | | |
| Surname | |  | | |
| Relationship to the child | |  | | |
| Password | |  | | |
| Address  Postcode | |  | | |
| Tel number |  | | Mobile |  |
| Responsibilities  (Tick all that apply) | | Collect child from nursery Contact in  emergency | | |
| Contact two | | | | |
| Title | |  | | |
| First name | |  | | |
| Surname | |  | | |
| Relationship to the child | |  | | |
| Password | |  | | |
| Address  Postcode | |  | | |
| Tel number |  | | Mobile |  |
| Responsibilities  (Tick all that apply) | | Collect child from nursery Contact in  emergency | | |

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 and date | Immunisation | Date of immunisation |
| BCG |  |
| Diphtheria |  |
| HIB |  |
| MMR |  |
| Meningitis C |  |
| Poliomyelitis |  |
| Tetanus |  |
| 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? | | |

A copy of our Terms and Conditions and Policies can be found on our website: [www.treetotsnursery.co.uk](http://www.treetotsnursery.co.uk) > About > General Information. If you would like them emailing to you or would like a printed copy please ask.

**Agreements**

I agree to abide by the terms and conditions and policies and procedures of Tree Tots Day Nursery which I have read and fully understand.

Under the terms of the Data Protection Act 1998 I hereby consent for Tree Tots Day Nursery to retain the information within this document (and any other additional information provided during my Child’s time at the nursery) both on paper and electronically.

Signed……………………………………….. Date …………………………………………

Print name…………………………………........…………………………………………….

Relationship to child ………………………………………………………………………….

Signed…………………………………………Date………………………………………….

Print name…………………………………........…………………………………………….

Relationship to child ………………………………………………………………………….

Sessions

Please indicate your preferred sessions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | Mon | Tues | Wed | Thurs | Fri |
| Full day |  |  |  |  |  |
| Morning only  (Between 7am and 12.30pm) |  |  |  |  |  |
| Afternoon only  (Between 1pm and 6.30pm) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meals | Mon | Tues | Wed | Thurs | Fri |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Tea |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funded sessions | Mon | Tues | Wed | Thurs | Fri |
| 0 sessions |  |  |  |  |  |
| 1 session |  |  |  |  |  |
| 2 sessions |  |  |  |  |  |

Office use only

Input into nursery administration system (tick when complete) on (date) ……......

Input by ………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Actual start date ………………………………………………………………………………

Room …………………………………………………………………………………………..

Key person ……………………………………………………………………………………

Birth Certificate seen: Yes / No Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Permission slips received

Nursery trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

**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

The preferred method is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monitoring form

|  |  |  |  |
| --- | --- | --- | --- |
| Take up/usage | | Ethnic origin | |
| 1 – 15 hours per week |  | White |  |
| 16 – 30 hours per week |  | British |  |
| 31 – 50 hours per week |  | Irish |  |
|  | | Traveller |  |
| Work/training | | Other |  |
| Children in lone parent family |  |  | |
| A parent working full time (35 hours +) |  | Mixed |  |
| A parent now working more than 16 hours |  | White and black Caribbean |  |
| A parent now working less than 16 hours |  | White and black African |  |
| A parent now in higher/further education |  | White and Asian |  |
| A parent taking skills for life or step into learning |  | Other |  |
| Parent(s) are not working/training |  |  | |
|  | | Asian or Asian British |  |
| Financial support |  | Indian |  |
| Parents access CTC |  | Pakistani |  |
| Parents access WTC |  | Bangladeshi |  |
| Parents access HE childcare access fund support |  | Kashmir |  |
| Parents access Care 2 Learn support |  | Other |  |
| Place sponsored by regeneration scheme |  |  | |
| Financial support from employer |  | Black or black British |  |
| Receipt of 2 year old funding |  | Caribbean |  |
| Receipt of 3 and 4 year old funding |  | African |  |
|  | | Other |  |
| Additional needs | |  | |
| Cognition and learning difficulty |  | Chinese |  |
| Behaviour, emotional and social development needs |  | Other |  |
| Communication and interaction needs |  |
| Sensory and/or physical needs |  |
| Other/combination of needs |  |