

Please complete this form and return it to the Nursery along with your Registration fee.

| Child's full name: | |
|---|----------------------------|
| Known as: Date of Birth: | Ethnicity: |
| Name of parent(s) with whom the child lives? | |
| 1)National Insurance Num | nber D.o.B |
| 2)National Insurance Num | nber D.o.B |
| Do these parents (above) have parental responsibility? YES / NO (| please delete) |
| Address: | |
| | Postcode: |
| Home Tel: Email: | |
| Name of the parent with whom the child does not live: (if applical | ble) |
| National Insurance Number D.o.B | |
| Address: | |
| | Postcode: |
| Home Tel: Email: | |
| Does this parent have parental responsibility? YES / NO (please do Does this parent have legal access to the child? YES / NO (please of | • |
| Telephone numbers to contract Parents/Guardians during the day | r: |
| Parent (Name):Landlin | e number:ile number: |
| Parent (Name): Landlin Mobi | ne number:ile number: |
| Staff signature to evidence birth certificate seen and documented | : YES / NO (please delete) |
| Staff name: Signature: | |
| Date | |

| Emergency contacts: | | | | |
|---|--|---|--|--|
| 1) Name: | Telephone number: . | | | |
| Relationship to child: | Mobile number | r: | | |
| 2) Name: | Telephone number: . | | | |
| Relationship to child: | Mobile number | r: | | |
| Persons authorised to collect the child: (must be over 18 years of age) | | | | |
| 1) Name: | Name: Relationship to child: | | | |
| 2) Name: | Relationship to child: | | | |
| 3) Name: | 3) Name: Relationship to child: | | | |
| 4) Name: Relationship to child: | | | | |
| My secure password is: | | | | |
| Name of child's doctor: | | umber: | | |
| surgery address: | | | | |
| Inoculations received: (please delete as appropriate) | | | | |
| | | | | |
| 1st combined YES / NO 3rd combined YES / NO | 2nd combined YES / NO MMR YES / NO | Hib YES / NO | | |
| 3rd combined YES / NO | MMR YES / NO | Hib YES / NO cal attention to be given in your absence? | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Ca | MMR YES / NO e permission for emergency medic alpol in cases of high temperature? | cal attention to be given in your absence? | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) | MMR YES / NO e permission for emergency medic alpol in cases of high temperature? | cal attention to be given in your absence? | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Callf yes, how much do you administer? | MMR YES / NO e permission for emergency medic alpol in cases of high temperature | cal attention to be given in your absence? | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Call yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for your child – this could be Health Agency: | eal attention to be given in your absence? YES / NO Visitor, Speech and Language therapist, | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Call yes, how much do you administer? Name of professionals involved with Social Worker etc. | MMR YES / NO e permission for emergency medical politic cases of high temperature for your child – this could be Health Agency: | eal attention to be given in your absence? YES / NO Visitor, Speech and Language therapist, | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Call yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for the could be Health for the could be Health for the could be Health for the could be the | YES / NO Visitor, Speech and Language therapist, | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Call yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for the could be Health for the could be Hea | YES / NO Visitor, Speech and Language therapist, | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Call yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for the could be Health for the could be Hea | YES / NO Visitor, Speech and Language therapist, | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Call yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for emergency medical politic cases of high temperature for emergency medical politic cases of high temperature for each politic case of high temperature fore | YES / NO Visitor, Speech and Language therapist, | | |
| 3rd combined YES / NO Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Cally yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for a second by the second by th | YES / NO Visitor, Speech and Language therapist, | | |
| Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Calf yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for the second be Health for this could be Health for the second for the | YES / NO Visitor, Speech and Language therapist, | | |
| Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Calf yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medic alpol in cases of high temperature? your child – this could be Health Agency: Telephone number: Agency: Telephone number: Agency: Agency: Agency: Setting or childminder, please give Agency: Agency: Sthis setting: | YES / NO Visitor, Speech and Language therapist, | | |
| Should an emergency arise, do you give YES / NO (please delete) Have we your consent to administer Calf yes, how much do you administer? Name of professionals involved with Social Worker etc. 1) Name: | MMR YES / NO e permission for emergency medical politic cases of high temperature for alpol in cases of high temperature for the could be Health for | YES / NO Visitor, Speech and Language therapist, | | |

| What is the main religion of your fami | ily? |
|---|--|
| that you would like us to celebrate wit | asions celebrated in your culture that your child would be taking part in and th your child whilst he/she is at our setting? |
| | |
| What is your child's first language? | |
| | oken at home? YES / NO (please delete) |
| If English is not the main language spo speaking environment? YES / NO (plea | oken at home, will this be your child's first experience of being in an English ase delete) |
| If YES, discuss with your key person an | nd agree how your child will be supported during the settling in process: |
| | |
| | |
| Does your child have any special need | ls or disabilities? YES / NO (please delete) |
| | |
| | |
| Are any of the following in place for yo | our child? (please delete) |
| My Plan | YES / NO |
| My Plan Plus | YES / NO |
| Early Health and Care Plan | YES / NO |
| What special support will your child re | equire whilst at the Nursery? |
| | |
| | |
| Please specify any special dietary requ | uirements or health problems: |
| | |
| | |
| Please note | |
| _ | |

Your child may be photographed / videoed at Countryside and photos / videos may be displayed in promoting our provision both on paper and website materials.

Your child may be videoed / photographed in special events at Nursery such sports days, nativities, possibly by other parents who may be videoing / photographing their own child.

Your child may participate in walks within the Nursery field and within the Nursery garden and grounds.

Your child may be taken out of Countryside on organised trips, outings and activities, either by public transport, the nursery mini-bus or carried in a staff member's vehicle covered by suitable insurance? (For these events, additional information will and parents will be notified beforehand)

We may have to administer sun cream to your child's skin? (Please advise if your child is allergic or has an adverse reaction to any particular sun cream)

We may have to apply hypo-allergenic plasters if necessary.

We may have to use children's photographs, videos and observational records for all educational, individual and further professional use.

All the information provided here will be treated as confidential, unless there is a matter of safeguarding regarding your child, where the Nursery may need to share aspects regarding your child to other professionals without your consent.

We will have to assess, observe and record information on your child, whilst they are here at the nursery (These may be in written statements, videos or in photographs)

Your child may have access to the Internet whilst they are at Nursery (Any time spent on the Internet will be in specific child controlled environments)

I agree not to discuss on any Internet chat rooms any aspects linked with Countryside Day Nursery (please tick)

| | • • | • • • • |
|--|---|---|
| Please specify your preferre | d starting date: | |
| Please specify which session | ns you would like your child to attend: | |
| | | |
| | J ADVISE US OF ANY CHANGES THAT OCCUR RESERVE THE RIGHT TO REFUSE ENTRY TO T | |
| behalf of yourselves and yourselves and yourselves and senthe Nursery. The Nursery Protection Act 1998 and ot with its internal procedurappropriate authority, or lecontract with you; and who | on Form or agreeing to be bound by the our child to the Nursery processing personsitive personal information, as is deemed will process personal data about you and her related legislation. The Nursery will peres; in order to comply with any courties; in order to comply with any courties, regulatory or good practice requirementere otherwise reasonably necessary for the inated by one month's notice from both particles. | nal information about you and your child, I necessary for the legitimate purposes of d your child in accordance with the Data process such personal data in accordance to order, request from or referral to an ent; to perform our obligations under this le Nursery's purposes. |
| I/We have read and agree t and procedures. | to the Terms of Attendance and fully under | rstand and adhere to the Nursery's policies |
| Signed by the Person/Peopl | e who have legal contact and parental respo | onsibility for the child. |
| Signed: | Print name: | Date: |
| Signad: | Print name: | Date: |