



# Countryside Day Nursery Registration Form

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 Number..... D.o.B.....

2).....National Insurance Number..... 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 applicable) .....

National Insurance Number..... D.o.B.....

Address: .....

..... Postcode: .....

Home Tel: ..... Email: .....

Does this parent have parental responsibility? YES / NO (please delete)

Does this parent have legal access to the child? YES / NO (please delete)

Telephone numbers to contact Parents/Guardians during the day:

Parent (Name):..... Landline number: .....  
Mobile number: .....

Parent (Name): ..... Landline number: .....  
Mobile 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: .....

2) Name: ..... Telephone number: .....

Relationship to child: ..... Mobile number: .....

**Persons authorised to collect the child: (must be over 18 years of age)**

1) Name: ..... Relationship to child: .....

2) Name: ..... Relationship to child: .....

3) Name: ..... Relationship to child: .....

4) Name: ..... Relationship to child: .....

**My secure password is:** .....

**(please specify a password only to be given to the above named)**

**Name of child's doctor:** ..... **Telephone number:** .....

**Surgery address:** .....

..... **Postcode:** .....

**Inoculations received: (please delete as appropriate)**

1st combined YES / NO

2nd combined YES / NO

Hib YES / NO

3rd combined YES / NO

MMR YES / NO

**Should an emergency arise, do you give permission for emergency medical attention to be given in your absence?**

**YES / NO (please delete)**

**Have we your consent to administer Calpol in cases of high temperature? YES / NO**

**If yes, how much do you administer? .....**

**Name of professionals involved with your child – this could be Health Visitor, Speech and Language therapist, Social Worker etc.**

1) Name: ..... Agency: .....

Role: ..... Telephone number: .....

2) Name: ..... Agency: .....

Role: ..... Telephone number: .....

3) Name: ..... Agency: .....

Role: ..... Telephone number: .....

**If your child attends another childcare setting or childminder, please give details below:**

Name: ..... Agency: .....

Telephone Number: .....

Days / Sessions when your child attends this setting: .....

**During your child's time here at Nursery, we may need to be in contact with these professionals (as listed above), please note that by signing this registration form you give us permission for us to contact other professionals working with your child through a multi-agency approach.**

What is the main religion of your family? .....

Are there any festivals or special occasions celebrated in your culture that your child would be taking part in and that you would like us to celebrate with your child whilst he/she is at our setting?

.....

What is your child's first language? .....

Are there any additional languages spoken at home? YES / NO (please delete)

If YES please specify: .....

If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment? YES / NO (please delete)

If YES, discuss with your key person and agree how your child will be supported during the settling in process:

.....

.....

Does your child have any special needs or disabilities? YES / NO (please delete)

If YES, please specify: .....

.....

Are any of the following in place for your 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 require whilst at the Nursery? .....

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.....

Please specify any special dietary requirements or health problems: .....

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.....

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 preferred starting date: .....

Please specify which sessions you would like your child to attend: .....

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**IT IS IMPORTANT THAT YOU ADVISE US OF ANY CHANGES THAT OCCUR TO ANY OF THE INFORMATION PROVIDED BY YOU IN THIS FORM. WE RESERVE THE RIGHT TO REFUSE ENTRY TO THE NURSERY OF ANY CHILD OR PERSON AT ANY TIME.**

By signing this Registration Form or agreeing to be bound by these terms and conditions you consent on behalf of yourselves and your child to the Nursery processing personal information about you and your child, including financial and sensitive personal information, as is deemed necessary for the legitimate purposes of the Nursery. The Nursery will process personal data about you and your child in accordance with the Data Protection Act 1998 and other related legislation. The Nursery will process such personal data in accordance with its internal procedures; in order to comply with any court order, request from or referral to an appropriate authority, or legal, regulatory or good practice requirement; to perform our obligations under this contract with you; and where otherwise reasonably necessary for the Nursery's purposes.

This agreement can be terminated by one month's notice from both parties.

I/We have read and agree to the Terms of Attendance and fully understand and adhere to the Nursery's policies and procedures.

Signed by the Person/People who have legal contact and parental responsibility for the child.

Signed: ..... Print name: ..... Date: .....

Signed: ..... Print name: ..... Date: .....