**Larkhill Garrison Nursery**

**Registration form Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Birth Certificate checked** YES / NO

 **Registration fee paid** YES / NO

 **Health visitor book checked** YES/ NO

**Basic details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child |  | Date of birth |  |
| Name known as  |  | Gender (male or female) |  |
| Name of parent(s) with whom the child lives  |
| 1 |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| 2 |  |
| Does this parent have parental responsibility? Yes/No (delete) |
| Address |  |
|  E-mail  |
| Telephone |  | Mobile |  |
|  |
| Are you part of a forces family? Yes/No (delete) If yes please provide the following details belowService number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you a Keyworker? YES/NOWhat is your job role?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Has your child ever attended another childcare setting?** Yes/No**If yes, do we have permission to contact the setting**? Yes/NoSetting Name:Setting address and Phone number:**For parent who does not live with the child** **Name of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Sibling details 1 Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3 Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency contact details First name Telephone number** |
| Mother - Work/daytime contact number(Delete) |  |
| Parent 2 - Work/daytime contact number (Delete) |  |
| Any other emergency contact numbers |  |
| Name |  |
| Telephone |  | Mobile |  |
| Name |  |
| Telephone |  | Mobile |  |

**Persons other than detailed on the previous page who are authorised to collect my child (must be over 16 years of age) i.e. Childminders**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Relationship to child |  |
| Telephone |  | Mobile |  |
| Name  |  | Relationship to child |  |
|  |  |  |  |
| Telephone |  | Mobile |  |

Childminders reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a code for when another person is collecting your child.

Your Childs password is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal details of child**

Does your child have any special dietary needs or preferences? Yes/No (delete) If yes, please give details below:

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| --- |
|  |

Does your child have any allergies or medical conditions? Yes/No (delete) If yes, please give details below:

|  |
| --- |
|  |

Does your child require regular medication? Yes/no

If so what for and how often is it administered:

|  |
| --- |
|  |

Are you happy for the setting to apply sun cream to your child in hot weather? Yes/No (delete)

Are you happy for the setting to apply nappy cream if provided and needed? Yes/No (delete)

Do you give permission for your child to go off the premises to explore the church/park etc?? Yes/No (delete)

I give permission for the setting to use photographs taken in the setting of my child and use them on their website and for self-evaluation processes (Bristol Standards). Yes/No (delete)

Are you in receipt of Disability Living Allowance/ 2 Year funding/ Early years people premium Yes/No (delete)

 Does your child have any additional needs or disabilities Yes/No (delete) If yes please give details below:

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| --- |
|  |

How would you describe your child's ethnicity or cultural background?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| What language(s) is/are spoken at home? |  |
| 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 (delete)What is the main religion in your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

|  |  |
| --- | --- |
| **Professionals involved with child**Do you have a health visitor? | Yes/No (delete) |
| Do you have a Doctor? | Yes/No (delete) |
| Name |  | Based at  |
| Telephone |  |  |
| Do you/your family currently have Social Services involvement? Yes/noIf so: Name and contact details of named social worker:Reason for involvement:

|  |
| --- |
|  |

Have you/your child had any support from Social/Children’s Services historically? Yes/No (delete) If yes: |
| Name: |  | Based at: |  |
| Tel: |  |  |  |
| What is the reason for the involvement of the social care department with your family? |
| \*Please give a brief outline of concerns: |

\*NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

|  |
| --- |
| Name of parent with whom the child does not live: |
|  |
| Does this parent have parental responsibility? (parental responsibility is when a parent is named on a birth certificate) Yes/No (delete) |
| Address  |  |
|  E-mail |
| Telephone |  | Mobile |  |
| Does this parent have legal access to the child? Yes/No (delete) |

|  |
| --- |
| Parental Agreement* I give permission if necessary, my child may be treated by a trained first aider or emergency assistance may be sought where deemed necessary. Yes/No (delete)
* I give permission for observations to be taken of my child to support developmental records that must be kept; these may be written observations, photographs and videos. Yes/No (delete)
* I give permission for t the setting to share information about my child’s development or concerns with the local Children’s Centre and Health Visitor Teams. Yes/No (delete)
* The registration form can be shared with the local children’s centre. Yes/No (delete)
* I understand that a copy of the settings policies booklet is available for me to read at any time and I have read the early year’s prospectus and agree to abide by the terms set out in it. Yes/No (delete)
* I give permission for my child’s photograph to be used on Larkhill Garrisons Nursery’s Facebook site?

 Yes/No (delete)Signed by Parent 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |