



Please return these forms with £20 Registration fee - Thank you
Registration Form - Basic Details

Name of child _____ Date of birth _____

Name usually known by _____

Address _____

Telephone number _____

Parent / Guardian details

First name _____

First name _____

Surname _____

Surname _____

NI number _____

NI number _____

DOB _____

NI & DOB will only be used for funding purposes

DOB _____

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Relation to child _____

Relation to child _____

Home no: _____

Home no: _____

Mobile no: _____

Mobile no: _____

E-mail _____

E-mail _____

Work no: _____

Work no: _____

Work role _____

Work role _____

Does parent have legal access to child Y/N

Does parent have legal access to child Y/N

Emergency contact details if parent not available.

1. Name _____ Contact no mobile: _____

Relationship to child _____ Home _____

Are they authorised to collect child _____

2. Name _____ Contact no: _____

Relationship to child _____ Home _____

Are they authorised to collect child _____

Other Settings attended Does your child attend any other setting? Yes / No (delete as appropriate) If Yes please give details _____

Personal Details

Ethnic Origin _____

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 acknowledge and celebrated while he / she is in our setting?

What language(s) is / are spoken at home _____

If English is not the main languages, will this be your Childs first experience of being in an English speaking environment? Yes / No (delete as appropriate)

Medical Details

GP name, address and telephone number

Does your child have any special needs or disabilities? Yes / No (delete as appropriate)

If yes give details

Does your child have any known allergies? Yes / No (delete as appropriate)

If yes give details

Does your child have any special dietary requirements Yes / No

If yes, give details

Any history of infectious diseases Yes / No

If yes give details

Does your child need regular medication Yes / No

If yes, please give details below. (If your child has prescribed medication please request a medication form.)

Does your child have any other condition we should know about Yes/No _____

Name of Health Visitor _____

Are there any other professionals involved with your child? Yes/No _____

Do you agree for us to share information with any other child care professionals? Yes / No

Please be aware that our SENCO (Vicki Richardson) may contact you.

Parent signature and date -----

Checked by and date -----

Date entered into records-----