**Larkhill Garrison Nursery**

**Registration form**

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Certificate checked** YES / NO

**Registration fee paid** YES / NO

**Health visitor book checked** YES/ NO

**Child’s details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child: | |  | Date of birth: |  |
| Known as: | |  | Gender: |  |
| Current address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you/your child have lived at the above address for less than twelve months, please complete ‘previous address’ section below:  Previous address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of parent (s) with whom the child lives: | | | | |
|  | | | | |
| 1. | Parent 1: Email: | | | |
| Does this parent have parental responsibility? Yes/No (delete)  Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 2. | Parent 2: Email: | | | |
| Does this parent have parental responsibility? Yes/No (delete)  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Are you part of a Service family? Yes/No (delete) If yes please provide the following details below:  Parent 1: Service number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ based at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent 2: Service number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ based at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Has your child ever attended another childcare setting?** Yes/No  **If yes, do we have permission to contact the setting**? Yes/No  Setting Name:  Setting address and Phone number:  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parents emergency contact details:  Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

Larkhill Garrison Nursery policy states that every child must have two additional emergency contacts. Please list additional emergency contacts here:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorised to collect - yes/no

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorised to collect - yes/no

**If your child will be collected by a childminder, please give details below:**

* Childminders name and reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Your child’s password is**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please not**e: The setting requires notification (via email or telephone) if another person is collecting your child. They must bring valid photo ID with them and be in possession of the password.

**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:

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| --- |
|  |

Has your child had any medical/surgical procedures, have any scars or notable birthmarks? If so, what procedure was undertaken and when/where are scars or birthmarks located.

|  |
| --- |
|  |

Does your child require regular (prescribed) medication? If so what for, how often is it administered and how is it stored?

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|  |

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 and cultural background?

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| --- | --- |
| What language(s) is/are spoken at home? | 1. 2. |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |

Larkhill Garrison Nursery celebrates all cultures, celebrations, and festivals. 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? If so, please give details below (such as dates and celebrations):

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|  |

Name and address of GP practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Health Visitor: (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Do you/your family currently have Social/Children’s Services involvement? Yes/no  If 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 of Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Based at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What is the reason for the involvement of Children’s Services 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) | | | | | |

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| --- |
| Parental Agreement:  I give permission if necessary, so my child may be treated by a trained first aider or emergency assistance may be sought where deemed necessary (including calling an ambulance should one be required). Yes/No  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  I give permission for the setting to share information about my child’s development or concerns with the local Children’s Centre and Health Visitor teams. Yes/No  I understand that a copy of the settings policies booklet is available for me to read at any time, and they are also on the EYlog system. Yes/No  I have read the Parent Contract and agree to abide by the terms set out in it. Yes/No  I give permission for my child’s image to be used on the Larkhill Garrison Nursery Facebook site? Yes/No  ***Please note, Facebook site is for current parent/carers and families only. EYlog is personal to each child, with parents/carers setting the password.***    I give permission for the setting to apply sun cream to my child in hot weather. Yes/No  I give permission for the setting to apply nappy cream if provided and needed. Yes/No  I give permission for my child to go off the premises to explore the church/park etc. Yes/No  I give permission for the setting to use photographs taken of my child on their website. Yes/No  Are you in receipt of Disability Living Allowance// Early Years Pupil Premium/Better2gether? Yes/No      Parent 1 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent 2 signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |