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**Registration Form**

The information on this form enables us to have all the necessary contact details should we need to contact you. Whether it is to tell you what a fabulous day they are having or in case of an emergency. It also ensures that we have all the specific details about them to ensure your child’s individual needs are met, such as allergies or exclusions from certain activities.

Please ensure this form is completed in full and in as much detail as possible.

You will be asked to review these details regularly in order to ensure we have your current details.

Thank you.

**Child’s details**

Childs First Name Last Name

Nickname/ other names

Child’s DOB / / Male/Female (delete as appropriate)

Child’s current address:

Postcode

Nationality

Religion/Faith

What is your child‘s first language?

Does your child speak any additional languages? Yes/No

If yes please explain below

**Session Details**

What date would you like your child to start? / /

**Will they be attending: (please tick) Is your child entitled to: (please tick)**

Term time (38 weeks of the year) 24U funding

Full time (throughout the whole year) 15 hours grant funding

**Please complete the table below to confirm which sessions you would like your child to attend by ticking the appropriate boxes.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM  7.30AM-12.30PM |  |  |  |  |  |
| PM  1.00PM-6.00PM |  |  |  |  |  |
| FULL DAY  7.30AM-6.00PM |  |  |  |  |  |
| Afterschool collection |  |  |  |  |  |

If you require afterschool collections please confirm the school, class and year group below:

**Details of Parents/carers**

**Parent/carer 1**

Name Mrs/Miss/Ms/Mr

Relationship to child

Address

Postcode

Contact numbers (please list them in the order you would like to be contacted)

1. 2. 3.

Email address

Occupation/Place of work

Responsible for payment of fee’s? Yes/No

**Parent/carer 2**

Name Mrs/Miss/Ms/Mr

Relationship to child

Address

Postcode

Contact numbers (please list them in the order you would like to be contacted)

1. 2. 3.

Email address

Occupation/Place of work

Responsible for payment of fee’s? Yes/No

**Emergency contacts**

These are the people that will we contact in case of an emergency should we not be able to get hold of the child’s parents/carers. Please ensure that they live close by and that you feel comfortable in the knowledge that they can be called if for example, your child has a high temperature and needs to leave nursery or requires medical care.

**Emergency contact one**

Name Mrs/Miss/Ms/Mr

Relationship to child

Address

Postcode

Contact numbers (please list them in the order you would like to be contacted)

1. 2. 3.

Please provide a brief description below of the person named above, which is to include any distinguishing features to ensure we have a clear picture of who would be collecting your child. (Alternatively you could provide us with a photograph)

**Emergency contact two**

Name Mrs/Miss/Ms/Mr

Relationship to child

Address

Postcode

Contact numbers (please list them in the order you would like to be contacted)

1. 2. 3.

Please provide a brief description below of the person named above, which is to include any distinguishing features to ensure we have a clear picture of who would be collecting your child. (Alternatively you could provide us with a photograph)

**Who can collect your child from nursery if required on a regular basis?**

* Parent/carer one
* Parent/ carer two
* Emergency contact one
* Emergency contact two
* Other

If you have ticked other you will be required to fill in details on a permission to collect form.

**Details of child’s doctor**

Doctor’s surgery name

Practice address

Name of Doctor:

Postcode

Telephone no

**Has your child had any of the following immunisations? (Please tick)**

* MMR
* Meningitis C
* Tetanus
* Diphtheria
* HIB
* Whooping Cough
* Polio

**Has your child suffered from any of the following? (please tick)**

* Chicken pox
* Croup
* Measles
* Mumps
* Meningitis
* Scarlet fever

**Allergies/Preferences**

Does your child suffer from any allergies? Yes/No

This can include gluten/nuts/hay fever for example.

If yes please give details below.

What treatment is required should your child come into contact with the allergy named above?

Does your child have any special requirements in regards to diet and activities? Things that should be avoided for cultural or religious reasons for example? Yes/No

If yes please give details below.

**Please tick and sign below to give your permission for your child to**

* To be given liquid infant paracetamol (calpol) should your child have a temperature of 38 or above.
* Go on walks in the local area.
* Go in the company vehicles.
* Have their photograph taken to be used in their learning journeys within the nursery setting.
* Have their photograph used on our social media sites.
* Have their photo used for promotional use. (Such as on our leaflets and in the newspaper).
* For the nursery to use factor 30 sun cream on your child in hot weather. (If not you must provide your own).
* To seek and provide any necessary emergency medical advice or first aid treatment
* Give permission for staff to do observations on your child to support learning and development in line with the statutory guidelines within the early year foundation stage.
* For observations to be carried out using our firsteps tracker app to be used in their learning journeys.

**By signing below you agree that:**

(Please tick)

* I have read the terms and conditions of Katie’s Kids Nursery and agree to abide by them.
* I have been made aware of the nursery’s policies.
* I understand that I must give 4 weeks written notice should I wish my child to leave.
* I understand and agree to pay fees in advance as directed by bank transfer, cheque, cash or childcare voucher by the 10th of each calendar month.
* I understand that a £100 non refundable deposit is required to reserve the sessions requested which will be deducted from my final bill when my child leaves, should the deposit exceed the monies owed a refund will be given.
* I understand all of the information contained within this form to be correct to the best of my knowledge and agree to update all details if circumstances should change.

Sign

Print

Date / /