



BebeTots

Helping you as your little ones grow

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This booklet is all about me

Registration Form



My full name is

My date of birth is

This is a picture of me



My family and who I live with - please include names (and ages of any siblings) of people and pets;

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Other people who are special to me;

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My first language at home is;

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Other languages spoken at home;

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Special days and holidays that we celebrate as a family;

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My religion and ethnic origin is;

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During the week, I spend my week with the following people / going to the following places;

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I will go to / have attended another setting called - *please includes start date (and date left if appropriate);*

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My key person there is/was called;

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My additional needs are (if any) *please include any medical, physical, special educational support, speech or language support;*

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My current interests are;

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Names of special teddies / comforters I have / special words used etc.

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My favourite toys/games/songs/foods etc. are;

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Things I am afraid of / don't like so much (please include foods);

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If I am distressed / unhappy, I feel better if.....

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My sleep routine at home – *Current sleep pattern, what comforters I like when sleeping, how I get to sleep*

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Toileting;

I wear size nappies, they are disposable / reusable – please delete as appropriate

I am potty/toilet training Yes / No I am potty/toilet trained Yes / No

Meals – *please note allergies in the Medical section*

I will be having breakfast at nursery Yes / No Any comments;

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I will be having tea at nursery Yes / No Any comments;

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Milk;

I drink whole / semi skimmed / another other type of milk – *Please delete as appropriate and give provide details if another type of milk*

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I have bottles of formula / breast (please delete as appropriate) milk and this is my routine;

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I am on the following short / long term medication (please delete as appropriate);

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Emergency Contact Details;

Emergency contact details of all persons potentially collecting me (if you need any more collectors adding, please ask for a separate sheet);

Name	1	2	3	4
Relationship to me				
Does this person have legal parental responsibility?	Yes / No	Yes / No	Yes / No	Yes / No
Home Tel				
Mobile Tel				
Work Tel				
Password				
Additional Collector?	Yes / No	Yes / No	Yes / No	Yes / No
Emergency contact?	Yes / No	Yes / No	Yes / No	Yes / No
Photograph of collector – these can be emailed to BebeTots if easier	Photo	Photo	Photo	Photo

If I become ill and need collecting, or in an emergency, who is the first person you would like us to contact?

Who is the second person you would like us to contact?

Medical information and professionals involved in my care

Immunisations Received;

Age usually given	Vaccination	Date Received
2 months / 8 weeks	6 in 1; Diphtheria, tetanus, whooping cough, polio, Hib & hepatitis B PVC, Rotavirus, Meningitis B <i>Please delete any that have not been given</i>	____ / ____ / ____
3 months / 12 weeks	6 in 1; Diphtheria, tetanus, whooping cough, polio, Hib & hepatitis B Rotavirus <i>Please delete any that have not been given</i>	____ / ____ / ____
4 months / 16 weeks	6 in 1; Diphtheria, tetanus, whooping cough, polio, Hib & hepatitis B PVC, Meningitis B <i>Please delete any that have not been given</i>	____ / ____ / ____
12 months	MMR1; Measles, mumps & rubella * Hib / Meningitis C <i>Please delete any that have not been given</i>	____ / ____ / ____
3 years & 4 months	MMR2; Measles, mumps & rubella * 4 in 1 pre-school booster; Diphtheria, tetanus, whooping cough & polio <i>Please delete any that have not been given</i>	____ / ____ / ____
* To ensure maximum protection for children, 2 doses of the MMR (Measles, mumps and rubella) vaccination are required.		

Food allergies I have (please explain what happens if eaten) or foods I am not to eat for personal preferences;

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Any other **non-food allergies** I have (please explain what happens);

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Doctor

Name

Tel

Doctors surgery name and address

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Health Visitor

Name Tel

Social Worker

Name Tel

Please provide details of involvement;

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Speech and Language therapists

Name Tel

Other Professionals involved in my care

Name Tel

Other Professionals involved in my care

Name Tel

Have you the parent/carer, the child or any member of your family ever experienced domestic violence?	Yes / No
If yes, would you like us to seek additional support for you? For example through the Children's Centre and/or Splits	Yes / No
Is the child, a looked after child? If yes, please provide details;	Yes / No
Has the child or another member of the family been involved in a CAF? Please give brief details if not directed at named child & specific details if directed at named child.	
Has your child ever been involved in a My Support Plan? Please give details.	
Is one or both parents or carers in the Military? Please give details.	

Anything else about me that might be useful - words I use at home, changes / things going on in my home life;

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Permissions

1	Photographs can be taken of my child by the BebeTots team	Yes / No
2	Photographs can be taken of my child by professional photographers	Yes / No
3	Photographs may be used in my child's learning journal	Yes / No
4	Photographs may be used in other children's learning journals	Yes / No
5	Videos to be taken of my child by the BebeTots team	Yes / No
6	Videos may be used in my child's learning journal	Yes / No
7	Videos may be used in other children's learning journals	Yes / No
8	Photographs may be used in displays within the nursery	Yes / No
9	Photographs may be used in nursery literature/publications	Yes / No
10	Photographs may be used in newspaper articles celebrating / promoting nursery activities	Yes / No
11	Photographs may be used on the BebeTots nursery website	Yes / No
12	Photographs may be used for in-house training purposes within the childcare profession	Yes / No
13	Photographs may be used in the nursery's own photo album	Yes / No
14	Observations (learning journals) may be taken of my child	Yes / No
15	I understand my child's learning journal will be shared with my child's first school	Yes / No
16	My child may participate in nursery outings on foot	Yes / No
17	My child may participate in nursery outings that may require travelling in the nursery vehicle	Yes / No
18	I give permission for nursery staff, holding a relevant first aid certificate, to give emergency first aid	Yes / No
19	I give permission for BebeTots to seek emergency medical advice/treatment if deemed necessary	Yes / No
20	I give permission to apply plasters if my child grazes him/herself	Yes / No

Permissions are continued on the next page.

Parents/Carers Name

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Signed

Date

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21	I give permission to administer medication – I understand that I must complete a medical form in advance each day I wish for medication to be administered via EyLog	Yes / No
22	I give permission to administer Calpol/child paracetamol in the event of my child being unwell. I understand that only one dose may be given whilst in nursery. *Due to Covid-19 we are currently not able to administer Calpol/paracetamol in the event of masking a high temperature	Yes / No
23	I give permission to apply teething gel – to be provided by myself to sooth my child when teething	Yes / No
24	In the event of an emergency following an allergic reaction, I give permission for Piriton to be administered to my child – I understand that if it is deemed in my child's best interest, I may not be notified before it is administered due to the priority of getting the medication administered first	Yes / No
25	I give permission for Sudocrem Nappy Cream to be applied, if deemed necessary for my child's comfort	Yes / No
26	I give permission for staff to apply sun cream provided by the nursery (please select this or the one below)	Yes / No
27	I give permission for staff to apply sun cream provided by parents/carers (please select this or the one above)	Yes / No
28	I understand that a charge of £5 per year will be charged each April for use of nursery sun cream	Yes / No
29	I give permission for BebeTots to speak with my child's additional and/or previous childcare provider as noted in my child's 'All about me' document	Yes / No
30	I give consent to BebeTots to speak with my child's health visitor regarding my child's health, well-being and/or development	Yes / No
31	I give consent to BebeTots to speak with other professional regarding my child's health, well-being and/or development.	Yes / No
32	I understand that a copy of the nursery's policies and procedures are available to me upon request	Yes / No
33	I understand that CCTV surveillance cameras are in use within the nursery	Yes / No
34	My child can use a cot/sleep mat (or pushchair if not within the setting) to sleep and/or rest	Yes / No / N/a

Parents/Carers Name

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Signed

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Date

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For Office Use Only			
Date received	/ /	Contract Received	Yes / No / /
Date of K/S Entry	/ /	Date of EL Entry	/ /
Managers Name		Managers Signature	