**Registration Form**

**Please e-mail your registration form to us at info@bluepeardaynursery.com**

|  |  |
| --- | --- |
| Full Name of Child: |  |
| Preferred Name: |  |
| Date of Birth: |  | Birth Certificate required  |
| Gender: |  |
| Start date:  |  |
| Full Home Address: |  |
| Home Telephone Number:  |  |
| Ethnicity: |  |
| Religion:  |  |
| Home language: |  |
| Other languages: |  |

Parent/Carer Information:

|  |  |
| --- | --- |
| 1. Name of Parent/Carer: |  |
| Relationship to Child: |  | Parental Responsibility: YES/NO |
| Legal Contact: YES / NO |
| Home Address:  |  |
| Contact Number: |  |
| Email: |  |
| Work Address: |  |
| Work Number: |  |

|  |  |
| --- | --- |
| 2. Name of Parent/Carer: |  |
| Relationship to Child: |  | Parental Responsibility: YES/NO |
| Legal Contact: YES / NO |
| Home Address:  |  |
| Contact Number: |  |
| Email: |  |
| Work Address: |  |
| Work Number: |  |

|  |  |
| --- | --- |
| Email Address for Invoicing: |  |

Attendance:

|  |
| --- |
| Preferred Sessions |
|  | Mon  | Tues | Wed | Thurs | Fri  | Age at entry:Years and Months   |
| AM(8am-1pm) |  |  |  |  |  |
| PM(1pm-6pm) |  |  |  |  |  |

|  |  |
| --- | --- |
| Are you applying for an Early Years funded place? (15/30 hours per week) |  Yes / No  |
| If Yes, which funded place; | * 2 Year old 15 hours
* 3+4 Year old 15 hours
* 3+4 Year old 30 hours
 |

Additional Child Details:

|  |  |  |
| --- | --- | --- |
| Details of any special educational needs or disabilities. |  | Initial SEN Report  |
| Do you celebrate any festivals/occasions at home?Please specify |  |
| Has your child attended any childcare settings previously?Please specify  |  |

Health and Medical:

|  |  |
| --- | --- |
| Doctors Name:  |  |
| Surgery address:  |  |
| Surgery telephone number: |  |
| Child’s NHS number: |  |
| Is your child on regular medication?If yes, please specify |  | Child Care Plan  |
| Are your child’s immunisations full and up to date? |  | Red Book required  |
| Does your child suffer from any allergy, phobias or any condition we should be made aware of?  |  |
| Does your child have any dietary requirements including food allergies, or food preferences? |  |

|  |
| --- |
| Has your child ever suffered from any of the following? Please tick/highlight  |
| Mumps | Chicken Pox | German Measles  | Measles  | Scarlet Fever | Convulsions | TB |
| Fit | Small Pox | Whooping cough  | Polio  | Tetanus  | Hand foot and mouth | Diphtheria |

|  |
| --- |
| Does your child have any additional needs with their: (Please tick/highlight) * Hearing
* Speech
* Vision
* Behaviour
* Physical
* Other – Please state –
 |
| Has your child had, or is currently having support from the following professionals? * Health visitor
* Speech therapist
* Physiotherapist
* Paediatrician
* Social Worker
* Other – Please state –
 |

Professionals Name & Contact Details:

|  |  |
| --- | --- |
| Health visitor: |  |
| Other professionals: |  |

|  |  |
| --- | --- |
| How did you hear about us? |   |

**As we hold personal information about staff and families, we are registered under data protection law with the Information Commissioner’s Office.**

**To confirm registration of your child’s place a registration fee of £30.00 is required with this form.**

Office Use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Registration Fee | £ | Date Paid: | Monthly Payment Method:* Standing Order / Bank Transfer
* Childcare Vouchers
* Tax Free Childcare Account
 |
| Deposit  | £ | Date Paid: |