**Registration Form**

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

|  |  |
| --- | --- |
| Full Name of Child: |  |
| Preferred Name: |  |
| Date of Birth: |  | *Office use only -**Birth Certificate*  |
| Gender: |  |
| Preferred start date:  |  |
| Full Home Address:Postcode: |  |
| Home Telephone Number:  |  |
| Ethnic origin: |  |
| Nationality: |  |
| Religion:  |  |
| Hair Colour: |  | Eye colour: |  |
| Languages spoken at home: |  |

**Parent/Carer Information:**

|  |  |
| --- | --- |
| 1. Name of Parent/Carer: |  |
| Relationship to Child: |  | Parental Responsibility: YES / NO |
| Legal Contact: YES / NO |
| Collect child from nursery: YES / NO |
| Contact in emergency: YES / NO |
| Home Address: Postcode:  |  |
| Contact Number: |  |
| Email: |  |
| Work Address:Postcode: |  |
| Work Number: |  |

|  |  |
| --- | --- |
| 2. Name of Parent/Carer: |  |
| Relationship to Child: |  | Parental Responsibility: YES / NO |
| Legal Contact: YES / NO |
| Collect child from nursery: YES / NO |
| Contact in emergency: YES / NO |
| Home Address: Postcode: |  |
| Contact Number: |  |
| Email: |  |
| Work Address:Postcode: |  |
| Work Number: |  |

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

Other/Emergency contacts:

|  |
| --- |
| Contact one |
| Full Name: |  |
| Relationship to the child: |  |
| Password |  |
| AddressPostcode |  |
| Tel number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in  emergency |
| Contact two |
| Full Name:  |  |
| Relationship to the child: |  |
| Password |  |
| AddressPostcode |  |
| Tel number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in  emergency |

**Attendance**:

|  |
| --- |
| Preferred Sessions |
|  | Mon  | Tues | Wed | Thurs | Fri  | Age at entry:Years and Months   |
| AM(8am-1pm) |  |  |  |  |  |
| PM(1– 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. |  | *Report Completed?* |
| 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 |  | *Medication permission form* |
| Are your child’s immunisations full and up to date? |  | *Immunisation disclaimer form* |
| 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? |  |

|  |
| --- |
| 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 to cover administration costs** (this fee does not apply to funded only places, however a deposit will be charged to secure the place. Deposits are refundable within a reasonable time scale and subject to our terms and conditions)

Office Use only:

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