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