

## CHILD REGISTRATION FORM



**THANK YOU** for choosing **PlayDays Nursery** for your child's first steps into education.  
Please complete the following form in **BLOCK CAPITALS** and return to PlayDays Nursery.  
Should any changes arise then please inform us as soon as possible.

### CHILD DETAILS

<b>Child's Full Name</b>	First	Last	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Known by name</b>	Known	Childs DOB		
<b>Home Address (in full)</b>	Address			
<b>Address</b>				
<b>Nationality</b>		<b>Ethnic Origin</b>	Postcode	
<b>Ethnic Origin</b>		<b>Spoken Languages</b>		

### BOOKING DETAILS

<b>Your Preferred Start Date / Times</b>				Start Date	
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	

### PARENT / CARER DETAILS A

<b>Parent/Carer Full name</b>	First	Last
<b>Parents Date of Birth / National Insurance Number</b>	Date of Birth	NI Number
<b>Home Address (in full)</b>	Address	
	Postcode	
<b>Telephone Contact</b>	Home	Mobile
<b>Occupation</b>	Occupation	Work Tel
<b>Email</b>		
<b>Relationship to Child</b>	Relationship	
<b>Which is the main contact you would like us to use?</b>		

## PARENT / CARER DETAILS B

<b>Parent/Carer Full name</b>	First	Last
<b>Parents Date of Birth / National Insurance Number</b>	Date of Birth	NI Number
<b>Home Address (in full)</b>		
	Postcode	
<b>Telephone Contact</b>	Home	Mobile
<b>Occupation</b>	Occupation	Work Tel
<b>Email</b>		
<b>Relationship to Child</b>	Relationship	
<b>Which is the main contact you would like us to use?</b>		

## PARENT / CARER RESPONSIBILITY AND LEGAL CONSENT

<b>Does parent/carer A have parental responsibility?</b>	
<b>Does parent/carer B have parental responsibility?</b>	
<b>Does parent/carer A have legal responsibility?</b>	
<b>Does parent/carer B have legal responsibility?</b>	

## EMERGENCY CONTACT DETAILS A

<b>Full Name</b>	First	Last
<b>Contact Number(s)</b>	Mobile	Work
<b>Relationship to Child</b>	Relationship	

## EMERGENCY CONTACT DETAILS B

<b>Full Name</b>	First	Last
<b>Contact Number (s)</b>	Mobile	Work
<b>Relationship to Child</b>	Relationship	

If someone else will be collecting your child, please ensure you tell us beforehand and provide their full name. They will also need to provide a **PICK-UP PASSWORD** below and we will verify his/her identity when collecting your child.  
 If staff are unsure whether the person coming to collect your child is authorised, they will not allow your child to leave nursery until they have contacted you to obtain your consent.

**PICK UP PASSWORD**

## HEALTH AND MEDICAL DETAILS

<b>GP's Name</b>	<small>GP</small>	<b>Practice Name</b>	<small>Practice</small>
<b>Address</b>	<small>Address</small>	<b>Town/City</b>	
<b>Postcode</b>	<small>Postcode</small>	<b>Telephone</b>	<small>Tel</small>

<b>Are your child's immunisations up to date?</b>	
<b>Does your child have any medical conditions?</b>	
<b>Does your child have any long-term medication?</b>	
<b>Does your child have any non-food related allergies or phobias?</b>	
<b>Does your child have any dietary requirements (incl. food allergies, intolerances preferences?)</b>	
<b>Does your child suffer from any previous injury or illness that required hospitalisation or continued medical treatment?</b>	
<b>Are there any other agencies working with your child and/or family?</b>	
<b>Is your child still in nappies?</b>	

## SPECIAL EDUCATIONAL NEEDS & DISABILITIES

**Does your child have any special educational needs or disabilities?**

If yes, please provide us with details of these.

<b>Will they require any special assistance within the setting?</b>			
<b>Is there an Early Years Action Plan in place?</b>			
<b>Is there an Early Years Action Plan PLUS in place?</b>			
<b>Is there a 'Statement' in place?</b>			
<b>Is there any other professionals who have contact with your child?</b>			
<b>Full Name</b>	<small>Full Name</small>	<b>Role</b>	<small>Role</small>
<b>Agency</b>	<small>Address</small>	<b>Contact Tel</b>	<small>Tel</small>

## PERMISSIONS

As part of our provision of childcare, we would like to understand your preferences / get your permission on a range of points, covering your child's wellbeing and the service, we provide, your personal data and our marketing for the settings. This form sets out those requests and we would kindly ask that you complete the form by **TICKING** your preferences for all the categories below.

## EDUCATION & NURSERY INFORMATION

Permission to take part in all events held at nursery

Sharing with other providers i.e school on your child's learning and development

## HEALTH AND WELLBEING

Administration of sun cream

Administration of antihistamine

Administration of Calpol

Emergency Medication (as provided by parent/carer)

Emergency first and medical treatment

## PHOTOGRAPH AND IMAGES

We often take photos and images in our setting for various internal purposes as well as documenting your child's learning journey. Please can you confirm if you are happy for us to store and use such images. You will have access to these photographs via your Babydays log-in. Photos and videos of your child will be retained on our computer system until your child leaves us.

Store photographs on PlayDays Nursery computers & tablets

Print and use photos within the nursery setting (for learning journals and displays).

Use for PlayDays Nursery website

## CONSENT

Please accept this form as my application to **REGISTER** my child named below at PlayDays Nursery

Childs name

Name

I confirm that I have read and agree to the current terms and conditions of business of PlayDays Nursery. By accepting and consenting to the terms and conditions of business it constitutes a contract between myself and PlayDays Nursery. Please tick to confirm.

I commit to give written notice to PlayDays Nursery in the information provided in this document. I confirm that I have read PlayDays Nursery Policies and Procedures. These documents are available on PlayDays Nursery BabyDays portal. Please tick to confirm.

I understand that my child's place cannot be confirmed until all required documentation for registration is submitted as well as the deposit registration fee. Please note that the registration deposit is refundable on your child's last invoice with us. Please tick to confirm.

### TO BE SIGNED BY PARENT / CARER 1:

In the event of a medical emergency, we will endeavour to contact you as parent, carer and/or named emergency contact using the information you provided to us in your Registration form. If we are unable to, for the safety of your child, it may be necessary to accompany the child to hospital. In relation to this, we require your child's full name and DOB to be listed on the daily register, emergency contact details to be stored and taken off-site where necessary.

Please tick to confirm  and kindly sign below:

Name		Relationship to child	
Signature		Date	

## PAYMENT OPTIONS

### BANK TRANSFER

Bank: Nationwide Building Society  
 Account Name: Mr & Mrs Jasper (t/a PlayDays Nursery)  
 Account No. 24591037  
 Sort Code. 07-02-46  
 Reference. Child's Full Name

We accept **childcare vouchers**.

Payments can also be made through the **Government Tax Free Childcare Scheme**. Please provide us with your child's unique reference number, so we can ensure payments are correctly allocated.

