

# Confidential Registration Form.



Please fillout the details below...

Password .....

## Child's details

Child's Surname .....

Child's Forename .....

Name usually known as: .....

Date of Birth: .....

Ethnic Origin: .....

Additional languages spoken: .....

Date starting Nursery: .....

Home Address

.....

.....

Home telephone number: .....

Email address: .....

## Parents' details

Mother's Name: .....

Mother's work tel number: .....

Mother's mobile tel number: .....

Mother's email address: .....

Father's Name: .....

Father's work tel number: .....

Father's mobile tel number: .....

Father's email address: .....

Who has parental responsibility: .....

Who has legal contact: .....

Collection details: .....

**\*Name of person collecting child:**

.....

\*any changes to person collecting child or collection time should be given to Nursery staff that morning.

## Emergency Contact Details

Name: .....

Relationship to child: .....

Contact tel number: .....

Please advise us immediately if there are any changes to the addresses or telephone numbers provided.

## Health Information

### Allergies

.....

Details of food/drinks you would prefer your child not to have:

.....

.....

Please indicate whether your child has had any of the following:

**Chicken Pox** Yes / No / Unsure

**German measles (Rubella)** Yes / No / Unsure

**Measles** Yes / No / Unsure

**Mumps** Yes / No / Unsure

**Scarlet fever** Yes / No / Unsure

**Whooping Cough** Yes / No / Unsure

Has your child had a primary course of immunisations?  
Yes / No



Details of any immunisations your child has not received

.....

Name & address of family GP

.....

.....

Telephone number of GP

.....

Name and no. of health visitor

.....

**Health Consent**

I hereby consent to ..... (child's name) having Sudocrem administered at the Nursery setting if required.

Signed

..... Date .....

I hereby consent to ..... (child's name) having SPF 50 sunscreen applied at the Nursery setting if needed when weather conditions require this.

Signed

..... Date .....

I hereby consent to ..... (child's name) receiving emergency medical treatment following instruction from a Doctor if I cannot be contacted following reasonable attempts prior to such treatment being administered.

Signed

..... Date .....

I hereby consent to my child being administered calpol (or equivalent) for a high temperature (The Nursery will phone prior to gain verbal consent).

Signed

..... Date .....

**Session times**

Please state sessions required:

Day	AM	PM	Full Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Any other relevant additional information

(e.g learning or additional needs, mobility or behavioural issues)

.....

.....

.....

**Activities Consent**

I hereby consent to .....(child's name) joining in all activities and outings provided by the Nursery. On all activities appropriate staff supervision in line with legal requirements will be provided

Signed

..... Date .....

I hereby consent to .....(child's name) having their photograph taken at the Nursery. Their photographs will be displayed in the Nursery, on the Little Angels website (www.littleangelswirral.com) and will be used for children's profiles and learning journeys

Signed

..... Date .....

We may also use photographs for publicity purposes via our website and local press. Parents will be advised in advance and asked to sign separate consent forms.

**Confidentiality**

I understand that Little Angels Day Nursery operates a policy of confidentiality and all information given falls within this policy. Little Angels reserve the right to share information with other relevant agencies when a need is identified.

Signed

..... Date .....

**Terms and Conditions**

I have read the terms and conditions set out by Little Angels Day Nursery and Pre School. I agree to give a notice period of one calendar month of my child's removal from the Nursery or payment in lieu of such notice. Failure to do so will result in my deposit of £100.00 not being refunded to me.

**Parent/Carer**

Signed

..... Date .....

