

# REGISTRATION FORM AND BOOKING REQUIREMENTS

## Bouncing Bunnies & Smart Squirrels

Name:  Known As:

Date of birth:  Male:  Female:

Home address:

Postcode:

Name of parent's/carer's with whom child lives:

First parent/carer name:

Email address:

Home address:

Postcode:

Home telephone number:  Mobile number:

Place of work address:

Postcode:

Position/Department:

Work telephone number:  Parental responsibility:  Yes  No Legal contact:  Yes  No

Second parent/carer name:

Email address:

Home address:

Postcode:

Home telephone number:  Mobile number:

Place of work address:

Postcode:

Position/Department:

Work telephone number:  Parental responsibility:  Yes  No Legal contact:  Yes  No

Alternative contact 1:  (Emergency contact 1)

Home address:

Relationship with child:  Able to collect:  Yes  No

Home telephone number:  Mobile number:

Alternative contact 2:  (Emergency contact 2)

Home address:

Relationship with child:

Home telephone number:  Mobile number:

Alternative contact 3:  (Emergency contact 3)

Home address:

Relationship with child:  Able to collect:  Yes  No

Home telephone number:  Mobile number:

### Doctor's Details

Doctor's name:

Address:

Telephone number:

### Other professionals involved with your child

Name / agency:

Address:

Telephone number:

Early Years Action Plan  Comments

Early Years Action Plus  Comments

Statement of SEN  Comments

Child Protection Plan  Comments

Common Assesment Framework  Comments

Immunisations

Known allergies

Special diet

Health requirements

Healthcare plan completed  Yes  No

First language

Second language

Third language

Ethnic origin

Religion

Additional information

PLEASE TICK TO INDICATE WHICH SESSIONS YOU REQUIRE

START DATE

AM

PM

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Please list below the people who will usually collect your child (please provide a recent photograph of each person listed and ensure they know the password below):-

We require you to give us a password that the person collecting your child will know.

Password

If anyone other than the names above arrive to collect your child without prior knowledge then we will call you immediately. If another person needs to collect your child from time to time, then we will need to be informed prior to collection. We will require photographs of this person before your child starts at nursery or before the person collects for the first time. This is in addition to the password. Under no circumstances will we permit a child to leave nursery with a person who is not known to us.

Signed parent/carer

Date

Signed parent/carer

Date

Signed Manager

Date

# PARENTAL CONSENT FORM

Name of child

Date of Birth

Please tick to confirm that you have completed the following consent forms:

Calpol  Original birth certificate given to the manager

Birth certificate number  Issue date  Date checked

## Nappy Cream

I understand that the nursery will supply and apply Sudocrem or Vaseline for nappy changes. \*Please indicate below which cream you would prefer to be used.

\*SUDOCREM

\*VASELINE

Parent's signature

Manager's signature

Date

## Sun Cream

I understand that the nursery will supply and apply Children's SPF 50+ sun cream as appropriate in hot weather.

Parent's signature

Manager's signature

Date

## Emergency Medical Advice or Treatment

If my child requires emergency medical advice or treatment whilst at nursery, I give my permission for the nursery to seek medical advice or administer treatment, subject to the use of nursery control, authorisation and witness procedures.

Parent's signature

Manager's signature

Date

## Application of Plasters

I give my permission for the nursery to use hypoallergenic plasters on my child if needed. I understand that the nursery will apply plasters when necessary.

Parent's signature

Manager's signature

Date

### Outings

I give permission for my child to go on short walks in the local area. I understand that I will be notified of any arranged outings where transport is involved and will be asked to complete a permission slip.

Parent's signature

Manager's signature

Date

If you do not wish your child to partake in such outings, please inform the nursery in writing.

### Use of Photographs (Media)

I give permission for my child to appear in photographs which may be used for commercial marketing in relation to The Midcounties Co-operative. This may at times include general promotional marketing internally and externally ie publications/websites.

Parent's signature

Manager's signature

Date

### Nursery Photographs (Nursery use only)

I give permission for photographs that my child may be included in the background or playing with other children to be used for displays in the nursery and in my child's and other children's profiles and agree that profiles will be shared with other parents and professionals and will be sent home with each child when they leave the nursery.

Parent's signature

Manager's signature

Date

