**Registration and booking requirements form**

Child’s Name: ………………………………………………………………………………………………………

Known as: …………………………………………………………………………………….……………………

Date of birth: ………………………………………………… Male/Female: ……………….……………………

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| Home address: ………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….………………………………………………………………………………………………………Postcode: ………………… |

Parent’s/carer’s name with whom child lives: ………………………………………………….…………………

First parent/carer name: ………………………………………………………………………………………….

Email address: ……………………………………………………………………………………………………

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| 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: ……………………………………………………………………………………………………

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| 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)**

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| Home address: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………Postcode: …………………Relationship to child: …………………………………………………………………………………………...Home telephone number: …………………………………………………………………………………….Mobile Number: ……………………………………………………………………………………………….Able to collect: YES NO |

**Alternative contact 2 – (emergency contact 2)**

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| Home address: ………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….……………………………………………………………………………………Postcode: …………………Relationship to child: …………………………………………………………………………………………...Home telephone number: …………………………………………………………………………………….Mobile Number: ……………………………………………………………………………………………….Able to collect: YES NO |

**Alternative contact 3 – (emergency contact 3)**

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| Home address: ………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….……………………………………………………………………………………Postcode: …………………Relationship to child: …………………………………………………………………………………………...Home telephone number: …………………………………………………………………………………….Mobile Number: ……………………………………………………………………………………………….Able to collect: YES NO |

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.

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| Signed parent/carer & date: …………………………………………………………………………………….  |

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| --- |
| Signed parent/carer & date: …………………………………………………………………………………….  |

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| --- |
| Signed manager & date: …………………………………………………………………………………………  |

**Doctor’s name:**

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| --- |
| Address: ………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………….……………………………………………………………………………………Postcode: …………………Telephone number: …………………………………………………………………………………………… |

**Other professionals involved with your child**

**Name/agency:**

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| Address: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………Postcode: ………………….Telephone number: ……………………………………………………………………………………………. |

* Early years action plan
* Early years action plus
* Statement of SEN
* Child protection plan
* Common Assessment framework

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| Comments: …………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**Known Allergies**

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| Special diet: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Health requirements: …………………………………………………………………………………………… |

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| First language spoken: …………………………………………………………………………………………Second language spoken: ………………………………………………………………………………………Third language spoken: …………………………………………………………………………………………Ethnic origin: ……………………………………………………………………………………………………Religion: ………………………………………………………………………………………………………...Festivals celebrated: …………………………………………………………………………………………….…………………………………………………………………………………………………………………. |

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| Additional information: ………………………………………………………………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**Please tick to indicate which sessions you require:**

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| --- |
| Start date: |

 AM PM

|  |  |  |
| --- | --- | --- |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

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| --- |
| 2 year funding only: |

|  |
| --- |
| 3 year funding only: |

|  |
| --- |
| Registration fee £50.00 is non-refundable when joining Fundamentals Childcare Limited. Paid: YES NO WAVERED |

**Parental consent form:**

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| Name of child: ………………………………………………………………………………………………….. |

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| Date of Birth: …………………………………………………………………………………………………… |

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

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| Calpol: Original birth certificate given to manager: |

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| Birth certificate number: ………………………………………………………………………………………... Issue date: ………………………………………………………………………………………………………Date checked: …………………………………………………………………………………………………. |

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| Nappy creamI understand that the nursery will supply and apply sudocrem or Vaseline for nappy changes. Please indicate below which cream you will prefer to be used.Sudocrem Vaseline Metanium (from April 2022)Parent signature: ……………………………………………………………………………………………….Manager’s signature: ……………………………………………………………………………………………Date: ………………………………………………………………………………………………………….. |

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| Sun CreamI understand that the nursery will supply children’s SPF 50 + sun cream as appropriate in hot weather.Parent signature: ……………………………………………………………………………………………….Manager’s signature: ……………………………………………………………………………………………Date: ………………………………………………………………………………………………………….. |

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| Emergency Medical Advice or TreatmentIf 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 signature: ……………………………………………………………………………………………….Manager’s signature: ……………………………………………………………………………………………Date: …………………………………………………………………………………………………………… |

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| Application of plastersI 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 signature: ……………………………………………………………………………………………….Manager’s signature: ……………………………………………………………………………………………Date: …………………………………………………………………………………………………………… |

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| OutingsI 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 signature: ……………………………………………………………………………………………….Manager’s signature: ……………………………………………………………………………………………Date: …………………………………………………………………………………………………………… |

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| Use of photographs/videoingI give permission for my child to appear in photographs/video clips which may be used for commercial marketing in relation to Fundamentals Childcare Limited. This may at times include general promotional marketing internally and externally i.e. publications/websites/facebook/twitter social media platforms.Parent signature: ……………………………………………………………………………………………….Manager’s signature: ……………………………………………………………………………………………Date: …………………………………………………………………………………………………………… |

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| 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 nursery.Parent signature: ……………………………………………………………………………………………….Manager’s signature: ……………………………………………………………………………………………Date: …………………………………………………………………………………………………………… |

**Paying your child’s fees**

Please tick method of payment

 Tick

|  |  |
| --- | --- |
| Direct debit |  |
| Standing order |  |
| Childcare vouchers |  |
| 2 year funding only |  |
| 3 and 4 year funding only |  |

**Name of voucher:**

|  |  |
| --- | --- |
| Parent 1 amount | £ |
| Parent 2 amount | £ |

**Alternative funding:**

|  |
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| Name of funder: …………………………………………………………………………….………………….Address: ………………………………………………………………………………………….……………...………………………………………………………………………………………………….……………….……………………………………………………………………………………………….………………….………………………………………………………………………………….…Postcode: …………………Telephone number: …………………………………………………………………………………………….Contact name: ………………………………………………………………………………………………….Level of funding: …………………………………………………………………………………………………Term time/full time: …………………………………………………………………………………………….Period of funding: ……………………………………………………………………………………………….Copy of agreement enclosed: ………………………………………………………………………………….Claim procedure: ……………………………………………………………………………………………….Other Method, please state: …………………………………………………………………………………….Parent signature: …………………………………………………………………………….………………….Manager’s signature: …………………………………………………………………………………………….Date: ………………………………………………………………………………………………………….… |