

forest hill montessori nursery

Registration Form

| Child Details | | | | | | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| Forename: | | | | Date Of Birth: | | | | | | |
| Middle Name: | | | | Gender: | | | | | | |
| Surname: | | | | Ethnicity: | | | | | | |
| Known As: | | | | Nationality: | | | | | | |
| Address: | | | | Language: | | | | | | |
| | | | | Language(s) Spoken at Home: | | | | | | |
| Postcode: | | | | Religion: | | | | | | |
| Birth Certificate Number: | | | | Sibling(s) Currently at Nursery: | | | | | | |
| Issue Date: | | | | Expected Start Date: | | | | | | |
| Sessions Required: | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | |
| | AM <input type="checkbox"/> | PM <input type="checkbox"/> | AM <input type="checkbox"/> | PM <input type="checkbox"/> | AM <input type="checkbox"/> | PM <input type="checkbox"/> | AM <input type="checkbox"/> | PM <input type="checkbox"/> | AM <input type="checkbox"/> | PM <input type="checkbox"/> |
| Other Settings | | | | | | | | | | |
| Does your Child Attend any other Settings: | | | | | | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you give us consent to work in partnership with this setting: | | | | | | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Please provide us with the Name: | | | | | Setting Address: | | | | | |
| Setting Tel No: | | | | | | | | | | |
| FOR NURSERY USE ONLY | | | | | | | | | | |
| Registration Fee Received | | | Date Received: | | | | Amount Received: | | | |
| Offer of Place Made | | | Date: | | | | Sessions: | | | |
| Deposit | | | Date Received: | | | | Amount Received: | | | |
| Primary Contact | | | | | | | | | | |
| | | | | | | | | | | <input type="checkbox"/> Please tick if this is the Bill Payer |
| Title: | | | | Parental Responsibility: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| Forename: | | | | Authorised Pickup: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| Surname: | | | | Emergency Contact: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| Address: | | | | Relationship to Child: | | | | | | |
| | | | | Home Telephone: | | | | | | |
| | | | | Work Telephone: | | | | | | |
| Postcode: | | | | Place of Work: | | | | | | |
| Pickup Password: | | | | Mobile No: | | | | | | |
| | | | | Email: | | | | | | |

| Contact 2 | | <input type="checkbox"/> Please tick if this is the Bill Payer |
|------------------|--------------------------|--|
| Title: | Parental Responsibility: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Forename: | Authorised Pickup: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Surname: | Emergency Contact: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Address: | Relationship to Child: | |
| | Home Telephone: | |
| | Work Telephone: | |
| Postcode: | Place of Work: | |
| Pickup Password: | Mobile No: | |
| | Email: | |

| Contact 3 (Emergency Contact) | | <input type="checkbox"/> Please tick if this is the Bill Payer |
|-------------------------------|--------------------------|--|
| Title: | Parental Responsibility: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Forename: | Authorised Pickup: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Surname: | Emergency Contact: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Address: | Relationship to Child: | |
| | Home Telephone: | |
| | Work Telephone: | |
| Postcode: | Place of Work: | |
| Pickup Password: | Mobile No: | |
| | Email: | |

Do any other individuals have legal contact arrangements with the child: YES NO

If yes, please provide details below and a copy of relevant documentation

| Doctor's Details | |
|------------------|------------|
| Name: | |
| Practice Name: | |
| Address: | Telephone: |
| | Postcode: |

| Health Visitor's Details | |
|--------------------------|------------|
| Name: | |
| Practice Name: | |
| Address: | Telephone: |
| | Postcode: |

Has your child ever been referred to any of the following specialists (please tick next to all that apply):
Note: If at any point your child is referred to a specialist please ensure that you inform his/her key person and the Nursery Manager.

| | | | | | | | |
|------------------------------|--|-------------------------|--|-----------------|--|---|--|
| Speech Therapist | YES <input type="checkbox"/> NO <input type="checkbox"/> | Psychologist | YES <input type="checkbox"/> NO <input type="checkbox"/> | Physiotherapist | YES <input type="checkbox"/> NO <input type="checkbox"/> | Early Help Team | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Orthodontist | YES <input type="checkbox"/> NO <input type="checkbox"/> | Audiologist | YES <input type="checkbox"/> NO <input type="checkbox"/> | Dietician | YES <input type="checkbox"/> NO <input type="checkbox"/> | Speech and Language Therapist | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Occupational Therapist | YES <input type="checkbox"/> NO <input type="checkbox"/> | Community Paediatrician | YES <input type="checkbox"/> NO <input type="checkbox"/> | Family Nurse | YES <input type="checkbox"/> NO <input type="checkbox"/> | CAMHS (Child And Adolescent Mental Health Services) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Other (please specify below) | | | | Social Worker | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

Does your child have a **Personal Child Health Record Book?** (Red Book) YES NO

If you have answered YES, please bring it along to your first settling in session

Questions

Dietary Does your child have any intolerances or cultural dietary requirements? YES NO

Allergies Does your child have any serious allergies? YES NO
If you have answered YES, you will be required to complete Form HS66 with the Nursery Manager

Has your child had any of the following illnesses?

Diphtheria YES NO Meningitis C YES NO BCG (Tuberculosis) YES NO

HIB (Haemophilus Influenzae Type B) YES NO Poliomyelitis YES NO Scarlet Fever YES NO

MMR (Measles, Mumps, Rubella) YES NO Tetanus YES NO Chicken Pox YES NO

Whooping Cough YES NO

Additional Information (if applicable):

Has your child had any of the following immunisations?

Diphtheria YES NO Meningitis C YES NO BCG (Tuberculosis) YES NO

HIB (Haemophilus Influenzae Type B) YES NO Poliomyelitis YES NO Scarlet Fever YES NO

MMR (Measles, Mumps, Rubella) YES NO Tetanus YES NO Chicken Pox YES NO

Whooping Cough YES NO

Additional Information (if applicable):

Medical Needs Does your child have any other medical needs that we should be aware of? YES NO
e.g. asthma, eczema, or any other. If you have answered YES, you will be required to complete Form HS66

Development Checks Has the Health Visitor completed all of the appropriate development checks? YES NO
On starting at the Nursery you will be required, alongside your child's key person, to complete a **Baseline Assessment**.

Distinctive Marks Does your child have any distinctive marks on their body? YES NO
(such as a birth mark or Mongolian Blue Spots), or do they bruise easily? Please give details:

Permissions

I/We give permission to the Nursery to liaise with or refer my/our child to, if necessary, a range of appropriate specialists e.g. health visitor, GP, speech and language, educational psychologist. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to liaise and share my/our child's two-year-old progress check with my/our child's health visitor. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to apply sun cream that has been supplied by the Nursery to my/our child. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to give my/our child a fever reducer if he/she has a fever more than 38°C using the Nursery Medicine Procedure. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to photograph my/our child and to use these within the Nursery. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to photograph my/our child and for these photographs to be used on the Nursery website and/or included in newspaper articles about Nursery. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to photograph my/our child in a group play scenario to be used in the Learning Journeys of the children who are present in the photograph. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to paint my/our child's face with face paint. YES NO
Additional Information (if applicable):

I/We give permission to the Nursery to take my/our child off the Nursery premises to the park, and for walks and outings using the **Outings Policy**. When using Transport further authorisation will be requested. YES NO
Additional Information (if applicable):

I/We give permission for a senior member of the Nursery team to accompany my/our child to hospital in an ambulance in the case of an emergency. YES NO
Additional Information (if applicable):

Permissions – continued

| | |
|--|--|
| I/We give permission to the Nursery to take this form off the premises in the case of an emergency. Additional Information (if applicable): | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I/We give permission to the Nursery to use plasters on my/our child. Additional Information (if applicable): | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I/We give permission to the Nursery to apply nappy cream (Sudocrem) that has been supplied by the Nursery. If you have answered YES, you will be required to complete Form HS81 as Sudocrem contains a mild anaesthetic. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I/We give permission to the Nursery to apply _____ nappy cream that has been supplied by me/us. Additional Information (if applicable): | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I/We give permission to the Nursery to carry out baby massage on my/our child. Additional Information (if applicable): | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I/We give permission to the Nursery to apply baby oils that have been supplied by Nursery FOR USE IN BABY MASSAGE ONLY. Additional Information (if applicable): | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I/We give permission for the Nursery to share information with other professionals including other childcare settings. Additional Information (if applicable): | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I/We give permission for the Nursery to display my/our child's artwork within the Nursery and on our website. Additional Information (if applicable): | YES <input type="checkbox"/> NO <input type="checkbox"/> |

The Nursery will send a confirmation of these details once per year, to ensure the Nursery holds the most up to date information.

I sign to confirm that all the above information is accurate to the best of my knowledge and agree to inform the Nursery if any details change. I understand that I have the right to change any of the permissions given on this form and/or any of my consents in relation to GDPR, at any time, by notifying the Nursery in writing. By signing this form, I acknowledge the Nursery's Terms and Conditions.

| | | |
|-------------------------|------------|-------|
| Name of Parent/Carer 1: | Signature: | Date: |
| Name of Parent/Carer 2: | Signature: | Date: |

GDPR

We have a duty to abide by the GDPR and, as such, require your explicit consent to contact you or use your personal details. **It is imperative you tick the relevant box - if you do not tick the box we will assume NO.**

| | |
|---|--|
| Can we send you our Nursery Newsletters? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Please confirm if we can provide information to the local authority about your child? E.g., for the purposes of the administration of Early Years Funding | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Please confirm that we can provide information to other settings that your child may attend? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Can we contact you on an ad hoc basis to inform you of things relevant to your child, i.e. if they are unwell? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Do you give consent for us to contact you to invite you to participate in our parent surveys bi-annually? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you happy for us to contact you about providing reviews/testimonials relating to the service we provide you? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Are you happy for us to contact you using our Nursery Management Software? (Our Nursery newsletters are sent out using this software so if you would like to receive these, you will need to answer yes to this question). | YES <input type="checkbox"/> NO <input type="checkbox"/> |

When your child leaves the setting, we will remove your contact details from our live database, and not contact you, except for the purposes of debt recovery (where applicable). We will only retain documentation/details which we are required to by law.