



REGISTRATION FORM

CONTACT DETAILS					
Please affix your child's photograph to this form.					
Child's Forename		Child's Surname		Date of Birth	
Mothers Name		Fathers Name			
Address		Address			
	Post Code			Post Code	
Home Telephone No		Home Telephone No			
Mobile Number		Mobile Number			
Email Address		Email Address			
Place of Work		Place of Work			
Work Telephone No		Work Telephone No			
Who has parental responsibility and legal contact to the child:			Who does the child normally live with?		
Additional contact details:					
EMERGENCY CONTACTS					
Name		Contact No		Relatio	
Name		Contact No		nship	
Password for collecting Child				Relatio	
				nship	
As security is of the utmost importance we request that you inform the nursery of any delay or changes to collection arrangements. person collecting your child should be known to the nursery and be aware of the chosen password.					
MEDICAL DETAILS					
Name of GP		Address		Telephone No	
Name of Health Visitor				Telephone No	
Name of Social Worker				Telephone No	
Has your child had all the recommended vaccinations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please specify:		
Has your child had their 2years Development Review with the Health Visitor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Has your child been referred to a Health Professional?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide details		

ADDITIONAL INFORMATION

Does your child have any of the following:

Medical Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify:	
General Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify:	
Phobias	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify:	
Food Allergies/ Intolerances	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify:	
Food Dislikes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify:	
Special Dietary Requirements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please specify:	

YOUR CHILD PERSONAL INFORMATION

Ethnic Origin		Religion	
Home Language			
Sibling Details			

Please provide information about your child’s daily routine including interests, likes, dislike favorite toys and words:

CONSENT

I hereby give my permission and consent for my child’s:			Signature
Information to be shared with other professionals	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To have a hypoallergenic plaster applied	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To have emergency attention and treatment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To have developmental observations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To have photographs taken for observational purpose	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To have photographs displayed within the setting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To have photographs published in the nursery newsletter	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To be taken on walks, trips and outings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To have sun cream applied when required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
To be cleaned and washed when required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

SIGNATURES

The information I have provided to Little Scholars Nursery is to my best of understanding and is correct at the time of signing. I will notify Little Scholars Nursery of any changes that occur immediately.

Parent /Guardian Signature			
Print Name		Date	

Office Use Only
 Date Received: Application Status: Child’s Photograph: Session Allocated: Start Date: