

Registration Form



The following information is totally confidential and will be held as a permanent record. Please advise us immediately of any changes.

Personal Information

Child's Surname:		Child's First Name:	
Gender:	Date of Birth:	Preterm Birth: Yes / No	Age:
School Attended:			
Religion:	Ethnicity:	Languages Spoken:	

Parent/Carer Details (Mother):	Parent/Carer Details (Father):
Name:	Name:
Home Address:	Home Address:
Home Telephone No:	Home Telephone No:
Mobile:	Mobile:
Email:	Email:
Daytime/Work Telephone Number & Extension:	Daytime/Work Telephone Number & Extension:
Emergency contact number:	Emergency contact number:

Parental Responsibility and Legal Contact

Under the Early Year Foundation Stage (EYFS) we are legally required to establish who has parental responsibility and legal contact for every child in our care. Please indicate below who has parental responsibility and legal contact.

Name of persons with parental responsibility	Telephone Number
Please name anyone who has been granted legal contact with this child	Telephone Number

Emergency Contacts

Please give details of two people to be contacted in the case of an emergency and that they are able to collect your child should the need arise:

Name	Relationship	Telephone Number
Name	Relationship	Telephone Number

Collection arrangements

Name of person collecting child:			
Password for collections other than person named above (kept confidential):			
Please give details of any other person(s) who are authorised to collect your child/children from the nursery:			
Name	Relationship	Address	Telephone number

Attendance Schedule

I would like my child to attend The Old Potting Shed Nursery / Pre School / After School Club			Start Date:		
Please indicate the sessions that you would like your child to attend. We continue to book these days in for your child each week unless otherwise notified. We will use this information for billing purposes.					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning Session					
Afternoon Session					
Whole Day Session					
Short Day Session (Pre School only)					
Breakfast Club (School Age only)					
After School Club (School Age only)					x

Medical Information

Doctors/Medical Details	
Doctor's Name:	Surgery Tel No:
Name & Address of Surgery:	
Child's Health: Please provide details of known health issues (including special educational needs and/or physical statement):	
Medication: Please give details of any regular medication that your child takes and if they require assistance administering. Please include details of the dosage and type of medication.	
Special requirements: please give details of any Special Dietary Requirements, Allergies (plasters, pollen, dust, etc):	

Medical consent

I consent to any emergency medical treatment deemed necessary by medical personnel whilst my child is in attendance at the Nursery. I authorise Nursery staff to sign any form of written consent to emergency medical treatment on my behalf, if the delay in waiting for parental consent would endanger my child's health.	Yes / No	Signature
I consent for authorised nursery staff to administer medication (as listed above) that has been prescribed by a doctor.		

Parental Permissions:

Please consider the following statements and state Yes or No and sign your name at the bottom of the section

Photographs/Moving Images: Occasionally, we may take photographs of the children in our care.

	Yes/No
I agree to the use of my child's photograph/video footage being used in printed publications/display boards for promotional purposes. <i>(Names will not be used)</i>	
I agree to the use of my child's photograph on the Old Potting Shed website?	
I agree to the use of my child's photograph in press coverage?	
I agree to the use of my child's photograph in other children's Learning Diaries e.g. Groups	

Parent / Carer signature Date

Activities: Some of the routines/activities need parental consent and may involve visits or other short trips off the premises. In order for your child to take part we must have written consent.

	Yes/No
I agree to my child participating in cooking and tasting activities	
I agree that my child may take part in excursions where they are walked to local areas, e.g. park, in a group with other children under adult supervision	
I give permission for my child to watch U rated films or TV series	
I give permission for my child to watch PG rated films or TV series	

Parent / Carer signature Date

Health and Hygiene

	Yes/No
I agree to staff changing nappies or when necessary, assisting my child to wipe themselves after going to the toilet	
I agree provide sunscreen and to staff applying sun cream to my child in the event of hot and sunny weather. <i>(If your child is allergic please notify us of alternative protection)</i>	
I agree to staff applying nappy cream when necessary and advised by the parent/carer	

Parent / Carer signature Date

Safeguarding: At the Old Potting Shed we are committed to building a 'culture of safety' in which the children in our care are protected from abuse and harm and where all children feel safe. Please look at the statements below and sign to give your permission

	Yes/No
I agree to The Old Potting Shed sharing information about my child with other settings you child attends / Professionals / their school	
Under the new Prevent agenda The Old Potting Shed is committed to promoting British values and I agree to follow this. Please see our noticeboard for more information.	

Parent / Carer signature Date

Relevant Information

Please give any other information you feel we should be aware of e.g. Special education needs/status, details of any other nursery/pre-school attending so we can make links

Declaration/Consent:**Please consider the following statements and sign your name in the box beside it**

I hereby consent for my child to take up a place at the nursery / Pre School / After School Club according to the terms and conditions in the Parent / Carer Contract and its policies and procedures. I have understood the expectations and obligations relating to both myself and the nursery and agree to abide by them.	
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I have signed and returned the Parent / Carer contract.	
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I confirm that the information given above is correct and I promise to contact the Manager immediately if any of the details change.	
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We want to promote family involvement at the nursery. Please list there any skills/experiences that you or family members might like to come and share with us. (DBS checks may need to be carried out)	
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Signature of Parent/Carer**Date****Print Name**

Please return to The Old Potting Shed together with the parent/carers contract.
Once we have received your completed application we will contact you to confirm your child's place.

FOR OFFICE USE ONLY

Registration paid REF:	Date:	Place confirmed/Taster sessions booked:
Deposit paid REF:	Date:	Return date: