

Registration Form

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|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Child's First Names | Child's Last Name |
| Date of Birth | Male or Female |
| Home Address | Home Tel. No. Email Address Parents/ Guardian Mobile No. Parents/ Guardian Mobile No. |
| Parents/ Guardian Name | Parents/ Guardian Name |
| Parents/ Guardian Employer Work Address | Parents/ Guardian Employer Work Address |
| Tel. No. | Tel. No. |
| Name of alternative person who may collect in case of an emergency | Name of alternative person who may collect in case of an emergency |
| Tel. No. Mobile No. Relationship to Child | Tel. No. Mobile No. Relationship to Child |
| Named persons who may collect other than those detailed above | |
| Which days would you like your child to attend? | |

| | |
|----------------------------------------------------------------------------------------------------------|------------------------|
| Password? For when your child is collected by a Friend or Family Member? | |
| Does your child have any health problems the Nursery Manager needs to be aware of? | |
| Is your child taking any regular form of medication? | |
| Does your child have any special dietary requirements? | |
| Has your child have any allergies that you are aware of, including allergies to pets? | |
| Does your child have any special needs or disabilities? | |
| Are there any emergency medical procedures that are prohibited for family cultural or religious reasons? | |
| Child's religion (if any) | Child's ethnic origins |
| Language spoken at home | |

(Please delete as appropriate)

I do / do not give permission for my child to be given 5mls paracetamol if unwell / teething prior to being contacted by telephone.

I do / do not give permission for my child to attend offsite visits organised by staff on our minibus.

I do / do not give permission for my child to be photographed for display purposes only.

I hereby give permission for an allocated staff member to pick my child up from school and take back to Bedale Day Nursery on their minibus.

Signed.....parent / guardian.....date.....

I hereby give permission for medical advice or an ambulance to be sought for my child in the event of an emergency.

Signed.....parent / guardian.....date.....

Any previous names or also known as _____

Previous address

Names & contact details with parental responsibility (if different from above) _____

Names & roles of any professionals who have contact with your child & their details

Is your child subject to a child protection plan?

Signature _____