



CASTLE VIEW DAY NURSERY REGISTRATION FORM

Child's Full Name:

Date of Birth: Age of Child:

Sex of Child: Boy Girl Religion of Child:

Ethnic Origin: Language Spoken:

Has your child any special educational needs?:

Home Address:

..... Postcode:

Parent/Carer 1: Mrs/Ms/Miss/Mr

D.O.B: National Insurance No:

Relationship to Child: Tel No:

Mobile No: Work No:

Email Address:

Parent/Carer 2: Mrs/Ms/Miss/Mr

D.O.B: National Insurance No:

Relationship to Child: Tel No:

Mobile No: Work No:

Email Address:

Who Has Parental Responsibility?:

Alternative contacts who may collect your child or be called in an emergency:

Name: Name:

Tel No: Tel No:

Mobile No: Mobile No:

Relationship to Child: Relationship to Child:

Name and Address of Child's Doctor:

.....

..... Tel No:

PLEASE NOTE: Only one child's details are to be entered on this form. If you require additional forms please ask.

What is Your Child's/Children's Vaccination Status?:

DTaP/IPV/Hib and PCV (8 Weeks)	Yes	No	MMR (1st) and PCV (13 Months)	Yes	No
DTaP/IPV/Hiv and Men C (12 Weeks)	Yes	No	DTaP/IPV/ or DTaP IPV (3 Years 4 Months)	Yes	No
DTaP/IPV/Hib, Men C and PCV (16 Weeks)	Yes	No	MMR (2nd) (3 Years 4 Months)	Yes	No
Hib/Men C (12 Months)	Yes	No			

Please tick the preferred sessions you will require for your child:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day – 7:00am to 7:00pm					
Morning – 7:00 am to 12:45 pm					
Afternoon – 1:15 pm to 7:00 pm					
Before school					
After school					
Short day – 9:00 am to 3:00 pm					

Holiday Club sessions (please circle): Full day Morning or afternoon session

Password: Start Date:

Parent/Carer 1 Signature: Date:

Parent/Carer 2 Signature: Date:

To help us please tell us how you heard about us?.....

For Office Use Only:

Deposit Paid: £ Date: Administration Fee Paid: £ Date:

Agreed Start Date:

Method of Payment: Cash Cheque Bank Transfer

During the summer months we will be applying sun cream to your child/ren, this is to be provided by parents and carers; we request it to be no lower than a factor 30. Please sign below for a member of staff to apply your child's sun cream.

Name:

Signed: Date:

PLEASE NOTE: Only one child's details are to be entered on this form. If you require additional forms please ask.

In the event of your child having a cut, graze or any other wound that may require a plaster please sign below if you wish to give your permission for a member of staff to apply one.

Name:

Signed:Date:

Photo Consent

We sometimes take photographs of the children in the nursery while they are taking part in activities. Photographs are only ever taken with parent's permission. There are different reasons this may happen throughout your child's time with us at nursery. Please indicate below if you are happy for your child to be part of these photographs.

Name of Child:

I give permission for Castle View Day Nursery to take the following photographs of my child whilst at nursery, as indicated below:

Photographs to go in my child's learning story.

Photographs to go on display boards at the nursery.

Photographs.

Any photos taken of your child at nursery will be used for the sole purpose of which they were taken.

Data Protection

In accordance with the Data Protection Act of 1998 any information you provide to Castle View Day Nursery will be treated in confidence. All information is kept secure and not shared with other bodies unless permission is granted by the appropriate persons.

In our nursery we intend to create an environment in which children are safe. Our C.P.P. is available upon request.

Signed:Date:

Accident, Illness and Medicine Authority

To allow our staff to manage any accident or illnesses in accordance with our policies and procedures (available upon request) sign the authorisations below:

Name of Child:

I understand that in the event of sickness, an accident or any form of emergency Castle View Day Nursery will act on my behalf until such a time as I can be present. I understand that every effort will be made to contact me as soon as any injury or illness is identified.

Name (Parents):

Signature:Date:

PLEASE NOTE: Only one child's details are to be entered on this form. If you require additional forms please ask.

In the event of my child having a high temperature, I consent my child being given suitable medication in the nursery by a qualified member of staff, following the procedures of the setting. I understand I will be contacted on every occasion that my child has a high temperature and medication is necessary.

Name:

Signature:Date:

Allergies, Dietary or Medical Needs

Please indicate below if your child has any dietary requirements that we need to cater for:

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.....
.....
.....

Please inform us below of any medical needs your child may have that we will need to know:

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.....

Does your child have any allergies? If so please write them below:

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.....
.....
.....

Separated Family

If a child is registered by one parent of a separated family, we request disclosure of all relevant details relating to the child and other parent such as court orders or injunctions. This will make sure we can support the child and family fully in accordance with our policy and procedure (available on request).



**CASTLE VIEW
DAY NURSERY**

1 Castle View Road Strood ME2 3PP
Telephone: (01634) 718144

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