



## Registration Form

Please complete this form in full. We can confirm that all data held is fully compliant with the General Data Protection Regulations.

Name of Child: .....

Home Address: .....

.....

..... Post Code: .....

Gender: Male ☐ Female ☐

Date of Birth: ...../...../.....

### Parent/Guardian:

Name: .....

Date of Birth: ...../...../.....

Relationship to Child: .....

Home Address: .....

..... Post code: .....

Email Address: .....

Mobile Number: ..... Work Number: .....

Occupation: ..... National Insurance No: .....

### Parent/Guardian:

Name: .....

Date of Birth: ...../...../.....

Relationship to Child: .....

Home Address: .....

..... Post code: .....

Email Address: .....

Mobile Number: ..... Work Number: .....

Occupation: ..... National Insurance No: .....



### Additional Information:

Nationality: ..... Religion: .....

Language Spoken at Home: .....

Ethnic Origin: .....

Does your child have any siblings? Yes ☐ No ☐

If Yes, please give details, i.e their Name(s), Gender, Age: .....

.....  
.....

Has your child been adopted? Yes ☐ No ☐

Is your child under special guardianship? Yes ☐ No ☐

Has your child got a named Social Worker? Yes ☐ No ☐

If yes, please can you supply the following information:

Name of Social Worker: .....

Address: .....

..... Post code: .....

Telephone Number: ..... Mobile: .....

Emergency contacts: please give the names of three contacts (other than main carer) - in order of priority - should we need to contact someone for any reason.

Name	Relationship to child	Location: Home/Work	Telephone No.
1.			
2.			
3.			



## Medical Form

Name of child: ..... Date of Birth: ...../...../.....

Doctors Name: .....

Address: .....

..... Post Code: .....

Telephone Number: .....

Health Visitor's Name: .....

Telephone Number: .....

Is your child up to date with their immunisations? Yes ☐ No ☐

Has your child visited the dentist? Yes ☐ No ☐

If Yes, please provide your Dentist's details: .....

.....

Does your child need any special care? .....

.....

Does your child have any allergies? .....

.....

Does your child have any Medical conditions? .....

.....

Would you agree to our Early Years Practitioners seeking medical advice and treatment if needed? Yes ☐ No ☐

Would you agree to our Early Years Practitioners applying First Aid to your child in the event of an emergency? Yes ☐ No ☐

Signed (Parent/Guardian): ..... Date: ...../...../.....

**Please complete the section below with your required hours for your child's attendance:**

**(N.B: We require a minimum of two sessions per week and are unable to guarantee that the days you request will be allocated to you).**

**Panda Room (12 months - 24 months)**

	Monday	Tuesday	Wednesday	Thursday	Friday
Am 8.00am-12.30pm					
School Day 9am-3pm					
Full Day 8.00am-5.00pm					

**Zebra & Giraffe Room (2 - 4 year olds)**

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
Morning					
Lunch Club					
Afternoon					
After School Club					



Session Times:

**Breakfast Club:** 7.30am-9am **Morning Session:** 9am-12pm **Lunch Club:** 12pm-1pm **Afternoon Session:** 12pm-3pm **After School Club:** 3pm-5pm.

Do you require care: 48 weeks of the Year ☐ Term-Time Only ☐

Requested Start Date :.....

**PLEASE NOTE: We are closed over the Christmas Holidays, the last week of Summer Holidays, School Training Days & Bank Holidays. Dates can be found on our website.**

- Fees are to be paid promptly on receipt of a monthly invoice.
- A two week notice period must be given in the event when your child is leaving Toddingtong Childcare.
- In the event where a child is booked into the setting and fails to attend without prior notification, we reserve the right to charge and invoice for the full session time booked.
- Children will not be handed to anyone other than the parents unless previously notified.
- We cannot take any responsibility for the personal effects of the children
- Unless authorised it is strictly prohibited for Parents or guardians or anyone else to take photographs of the Nursery premises, Toddingtong Childcare staff or the children in our care. This is a safeguarding directive.

### Photography

We use photos within our setting on displays and within the children's development files, are you happy to agree to have your child photographed for these purposes?

Yes ☐ No ☐

### Website

Are you happy for us to use any photos taken of your child on our website?

Yes ☐ No ☐



### Sun cream

We request that parents/carers send their child to pre-school with sun lotion already applied. However, we recognise there are occasions when another application is necessary, and we are therefore requesting your permission to allow us to apply our own sun cream?

Yes ☐ No ☐

### Plasters

There are occasions when cuts and grazes are unavoidable and a sticking plater aids recovery. We therefore, request your permission to use a sticking plaster as and when necessary?

Yes ☐ No ☐

I, being the Mother/Father/Guardian of the above child, request a place for me son/daughter at Toddingtton Childcare.

Name.....

Signed (Parent/Guardian): ..... Date: ...../...../.....

☐ I understand that if a place is not available in the period requested, that a place will be offered as soon as possible thereafter. I agree to abide by the conditions of entry above.

☐ I enclose **£50** registration fee and accept that payment of the registration fee does not guarantee a place with Toddingtton Childcare.

☐ I give permission for Toddingtton Childcare to share our details with the Health Visitor, Toddingtton St Georges School and Leighton Buzzard Children's Centre. This information will be stored on the Centre's secure database and will not be shared with any 3<sup>rd</sup> party outside of Leighton Buzzard Children's Centre.

☐ I acknowledge and agree to Toddingtton Childcare using Parenta, as a Nursery Management Software System.



**FOR OFFICE USE ONLY:**

Registration fee paid:            YES            NO

Days to attend: .....

.....

Start Date: .....

Documentation to be seen (Audit Requirement):

Birth Certificate ☐

Proof of Address ☐

Staff Signature: .....

Date: ...../...../.....