



Seaward Day Nursery Registration Form

Name of a Child: _____ Gender: M/F
Date of Birth: _____ (dd-mm-yy) [Certificate Verified: _____]
Nationality: _____
Language/s spoken at home: _____

Family Details

Contact details 1 (including emergency information)

Parent/Carer's Full name: _____
Do you hold Parental Responsibility? Yes/ No (Please delete as appropriate)
Relationship to a child: _____
Address: _____
Postcode: _____
Day time telephone number: Home _____ Work _____
Mobile Number: _____
Email: _____
Occupation: _____

Contact details 2 (including emergency information)

Parent/Carer's Full name: _____
Do you hold Parental Responsibility? Yes/ No (Please delete as appropriate)
Relationship to a child: _____
Address: _____
Postcode: _____
Day time telephone number: Home _____ Work _____
Mobile Number: _____
Email: _____ Occupation: _____

Further Contacts in Case of an Emergency

Name: _____
Relationship to a child: _____
Day time Telephone number: Home _____ Work _____
Mobile Number: _____
Name: _____
Relationship to a child: _____
Day time Telephone number: Home _____ Work _____
Mobile Number: _____

<u>Authorised Person for collection of a Child</u>	<u>Password</u>
1	
2	
3	
4	

Medical Information

Name of a GP Practice: _____

Address: _____

_____ Postcode _____

Telephone number: _____

Name of a Health Visitor: _____

Telephone Number: _____

Please complete if appropriate, or else write 'None'

<u>Allergy/Intolerance</u>	<u>Reaction and Remedy</u>
<u>Dietary Needs</u>	<u>Instructions</u>

<u>Medical History</u>	<u>Please tick if your child has had any of these conditions</u>	<u>Date of Vaccinations</u>
HIB		
Diphtheria		
Tetanus		
Whooping Cough		
Polio		
MMR		
Chicken Pox		<u>N/A</u>
Flu Jab		

<u>Medical Conditions and Special Educational Needs</u>	<u>Answer</u>

Has your child been diagnosed with any medical condition?	
Has your child been referred for any special needs by any person such as a Health Visitor?	
Is your child known to any outside specialists e.g. Speech and Language Therapist, Occupational Therapist, Paediatrician, Dietician, Educational Therapist	

Please note we reserve the right to charge in full for any special need requirements.

<u>Parent/Carer Consent Required</u>	<u>Please Sign for each if required</u>	<u>Print name</u>
Seek Medical advice in an emergency		
Administer Calpol		
Plasters		
Nappy cream		
Sun cream		
Inhalers (if needed)		
Other (e.g. EpiPen etc.)		

Participation in Educational Activities

<u>Activities</u>	<u>Please Sign to authorise</u>	<u>Print name</u>
Taking your child on local outings e.g. beach, park, library		
Face Painting		

Use of Child's Photographs

We adhere closely to our Policy and Procedures regarding conditions of using images of children.

Please complete the table below:

	<u>Yes/No</u>	<u>Please Sign</u>	<u>Print name</u>
Photos for your child's own learning profile, including any other child's profile, and also for school displays			
Photos taken by students for project work			
Newsletter			
Prospectus			
Website			
The media e.g. Twitter, Instagram etc.			



New Starter Booking Form

Full Name of a Child: _____

Date of Birth: _____ (dd-mm-yy) _____

Week Commencing: Monday _____

Actual Starting Date: _____

Attendance Pattern (please tick as required):

am= 8.30am-13.00pm, pm= 13.00pm-5.30pm, SD=School day 8.30am-15.30pm, FD= Full day

Monday				Tuesday				Wednesday				Thursday				Friday			
<u>am</u>	<u>pm</u>	<u>SD</u>	<u>FD</u>																

Term Time or Full Time (please underline)

Registration Fee Received: £ _____ Date _____

Deposit Received:£ _____ Date _____

Deposit Returned:£ _____ Date _____

Parent/ Carer

Print Name: _____

Signature: _____

Nursery Manager's Signature: _____