



## Registration & Child Record Form

### Child Details:

Child's Surname: \_\_\_\_\_

Child's First Name (s): \_\_\_\_\_

Name by Which He/She is Known: \_\_\_\_\_ Sex: \_\_\_\_\_

Age on Entry to Nursery: \_\_\_\_\_ DOB \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Religion: \_\_\_\_\_

Eye Colour: \_\_\_\_\_ Nationality: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Details of Brothers / Sisters: \_\_\_\_\_

### Home Details:

Address: \_\_\_\_\_ Tel Number: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

### Parental Details:

Father's Surname: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Surname: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Emergency Contacts:**

Contact One:

Name: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Contact Two:

Name: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Allowed to Collect the Child? YES / NO

Allowed to Collect the Child? YES / NO

For security purposes please provide a Password that should be known to any persons  
Authorised to collect your child from the Nursery

Password: \_\_\_\_\_

**Days and Times Required:**

Please indicate your requirements in the chart below:

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I should like my child to start the Nursery on:

Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Medical Details:**

Doctors Name: \_\_\_\_\_ Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

Details of allergies (please include reaction and treatment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of any Medical Conditions and treatments or Disabilities:

\_\_\_\_\_  
\_\_\_\_\_

Any additional medical conditions and treatments that occur after start date:

Date	Condition	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Immunisations and Illnesses:**

	Suffered From	Immunised Against
Chicken Pox:	YES / NO	YES / NO
Measles	YES / NO	YES / NO
Mumps	YES / NO	YES / NO
Rubella	YES / NO	YES / NO
Scarlet Fever	YES / NO	YES / NO
Whooping Cough	YES / NO	YES / NO
Diphtheria	YES / NO	YES / NO
Polio	YES / NO	YES / NO
Tetanus	YES / NO	YES / NO

Please specify any other illnesses:

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**Dietary Details:**

Please specify any special dietary needs – any foods that cannot be eaten etc:

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**Permissions:**

Is your child allowed –

To take part in outings?	YES / NO
To have photos taken for displays?	YES / NO
To have photos taken for promotional purposes?	YES / NO
To be given Medication?	YES / NO
To be given Calpol?	YES / NO
To be given Emergency Medical attention?	YES / NO
To be observed for developmental progress?	YES / NO

**Additional Details:**

Is there anything else about your child's routine, security (i.e. Parental Court Injunctions) or health that you think we should be aware of?

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## TERMS OF REGISTRATION

THERE IS A NON-REFUNDABLE REGISTRATION FEE OF £50.00. A DEPOSIT OF £100.00 IS REQUIRED FOR 1 OR 2 DAYS, £150.00 IS REQUIRED FOR 3 OR MORE DAYS UPON REGISTRATION, WHICH WILL BE RETURNED TO PARENTS WHEN THE CHILD LEAVES THE NURSERY UPON RECEIVING ONE MONTH'S NOTICE.

1. I agree to keep my child at home
  - a) Should he/she have sickness and/or diarrhoea and for at least 24 hours after the last bout.
  - b) For 24 hours from the first dose of prescribed antibiotics.
  - c) During a case of conjunctivitis and until the eyes are no longer sticky.
  - d) Whilst he/she has a contagious illness (e.g. Chicken-pox) and until all the spots or rash has disappeared.
2. I shall ensure that I, or an authorised person, will pick up my child promptly, at or before 1.00p.m or 6.15p.m, depending upon the session attended. If I am late I on more than one occasions, I understand that I will incur a late collection fee of £10.00 for the first 10 minutes and then £5.00 for every 15 minutes after. This shall be added to my Direct Debit.
3. I agree to give one month's notice in writing before my child's leaving date or change of sessions. I understand that a failure to do so may result in losing my deposit.
4. I agree that I shall not enter into any discussions with Positive Steps Nursery staff regarding private employment, i.e. Nannyng - discussions regarding babysitting will take place outside hours.
5. I understand that fees are non-refundable; I shall ensure that monthly fees due to the Nursery are paid fully by 2nd of the month in question.
6. I understand that it is the responsibility of the parents to advise the Nursery in writing of any change to contact details or personal situation. (Including notification of divorce, separation and injunctions.)
7. I understand that the half day sessions times are 7.30am – 1.00pm & 1.00pm – 6.15pm.
8. I understand that the change of fees due to age will be applicable during the 1<sup>st</sup> full month after the child's birthday.

I understand the content of this registration and agree to adhere to these terms. I wish to register my child for a place at the nursery.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_