

REGISTRATION FORM

LAST NAME	LAST NAME	
KNOWN NAME:	MALE/FEMALE	
DATE OF BIRTH:	START DATE	LEAVE DATE

Please specify Ethnicity:	Spoken Languages at home:	Please specify what festivals you celebrate at home	Religion
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PARENT OR GUARDIANS

PARENT 1:

TITLE AND LAST NAME:	FIRST NAME:
RELATIONSHIP TO CHILD:	
ADDRESS:	
POSTCODE:	HOME PHONE:
PHONE NUMBER:	WORK PHONE:
EMAIL:	
EMPLOYER/WORK ADDRESS:	

PARENT 2:

TITLE AND LAST NAME:	FIRST NAME:
RELATIONSHIP TO CHILD:	
ADDRESS:	
POSTCODE:	HOME PHONE:
PHONE NUMBER:	WORK PHONE:
EMAIL:	
EMPLOYER/WORK ADDRESS:	

WHO HAS LEGAL CONTACT OF THE CHILD (CIRCLE BELOW)

MOTHER	FATHER	STEP MOTHER	STEP FATHER
GRANDPARENTS (PATERNAL)	GRANDPARENTS (MATERNAL)	AUNTY	UNCLE

WHO HAS PARENTAL RESPONSIBILITY OF THE CHILD (CIRCLE BELOW)			
MOTHER	FATHER	STEP MOTHER	STEP FATHER
GRANDPARENTS (PATERNAL)	GRANDPARENTS (MATERNAL)	AUNTY	UNCLE
WHO DOES THE CHILD LIVE WITH (CIRCLE BELOW)			
MOTHER	FATHER	STEP MOTHER	STEP FATHER
GRANDPARENTS (PATERNAL)	GRANDPARENTS (MATERNAL)	AUNTY	UNCLE

EMERGENCY CONTACTS

1) NAME:	HOME NUMBER:
RELATIONSHIP TO CHILD:	WORK NUMBER:
2) NAME:	HOME NUMBER:
RELATIONSHIP TO CHILD:	WORK NUMBER:

Permission for PICKUP

your child will not be released to an unauthorised person listed on this form (parent / guardian and / or emergency contact). In case of accident or unforeseen circumstance, please indicate the name, address and telephone number any other person/s, which allow you to take your child on your behalf.

NAME	ADDRESS	PHONE NUMBER	PHOTO (PLEASE ATTACH)	PASSWORD

A parent/guardian's verbal authorisation for pickup must be received before your child will be released to anyone not listed here. The person must bring I.D. If I.D is not shown the child will not be released.

SIBLINGS

<u>Name</u>	<u>Age</u>

Where Did You Hear About Us

Recommended by:

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DOCTORS/MEDICAL INFORMATION

DR NAME:	SURGERY NAME:				
PHONE NUMBER:	ADDRESS				
CHILD'S NHS:	POSTCODE:				
ALLERGIES OR DIETARY REQUIREMENTS:					
HAS YOUR CHILD BEEN IMMUNISED AGAINST THE FOLLOWING? PLEASE TICK					
DIPHTHERIA	TETANUS	POLIO	MMR	WHOOPIING COUGH	SWINE FLU

HAS YOUR CHILD SUFFERED FROM ANY OF THE FOLLOWING?					
MUMPS	SCARLET FEVER	GERMAN MEASLES	MEASLES	CHICKEN POX	TB
CONVULSIONS	SMALL POX	WHOOPIING COUGH	POLIO	TETANUS	SWINE FLU

DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS WITH THEIR:	
1. HEARING	YES/NO
2. SPEECH	YES/NO
3. VISION	YES/NO
4. BEHAVIOR	YES/NO
5. PHYSICAL	YES/NO
6. OTHER - PLEASE STATE	

HAS YOUR CHILD HAD OR IS CURRENTLY HAVING SUPPORT FROM THE FOLLOWING:	
PROFESSIONAL	
HEALTH VISITOR	
SPEECH THERAPIST	
PHYSIOTHERAPIST	
PAEDIATRICIAN	
OTHER (PLEASE SPECIFY)	

HEALTH VISITORS INFORMATION

NAME:	ADDRESS
PHONE NUMBER:	POSTCODE:

MEDICAL DDA/SEN NEEDS:	MEDICATION:
ANY LONG TERM MEDICATION REQUIRED	

SESSIONS: PLEASE SPECIFY WHICH SESSIONS

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	FD	PT	FD	PT	FD	PT	FD	PT	FD	PT
CHILD										

Please say YES/NO to the following to give your parental consent	CHILD
Application of Sun/Nappy Cream	
Are you happy for your child to play with Conkers	
Walks and outings with supervision	
The Use of photographs around the nursery & in my child's Nursery Profile	
Are you happy for your child's photo to be used on our nursery's website?	
To take my child's temperature with an ear thermometer	
To take my child's temperature ONLY with a forehead fever strip	
For the Welfare Officer to file or clip my child's nails as is necessary	
For the Welfare Officer to check for head lice as is necessary	
Do you give permission for the nursery staff to apply hypo allergic plasters to your child if required	
If your child performs in nursery plays or children's birthdays, are you happy for your child to be photographed by other parents/carers	
I give permission for Cheeky Monkey's Day Nursery staff to administer Fever Reducing medication (Calpol) as a first aid procedure to reduce a fever (Temperature over 38°C). I understand that I would still be required to collect my child within the hour.	

FUTURE SCHOOLS AFTER CHEEKY MONKEY'S DAY NURSERY

POLICY

I have been given a copy of the Safeguarding Children's Policy and any explanation required has been provided	Signature:
I have been given a copy of the Information sharing policy and any explanation required has been given	Signature:

I have been given a copy of the Child Illness policy and any explanation required has been given

Signature:

EMERGENCY CONSENT

It is the policy of Cheeky Monkey’s Day Nursery to notify a parent when a child is ill or needs medical attention and seek permission to administer a dosage of temperature reducing medicine each occasion. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF CHEEKY MONKEY’S DAY NURSERY WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD

I/We have read the parent contract and agree to the content stated.

.....
Parent/Guardian Signature

.....
Parent/Guardian Signature

Date:

Date:

I enclose the non-refundable £40 registration fee and the refundable deposit of £100 which will be returned when your child leaves the setting.

OFFICE USE ONLY	SIGN /DATE
DATE REGISTERED FORM RECEIVED	
REGISTRATION FEE PAID	
DEPOSIT RECEIVED AND PAID	
PAYMENT METHOD	
DETAIL LOGGED ON SYSTEM	
STAFF ON BEHALF OF LADN	
DATE	

FEVER REDUCING CONSENT FORM

Child's Name	DOB:
DR's Name/Surgery:	
Medication (orally): <i>please specify Dosage</i>	
<i>Paracetamol</i> – _____ <i>ml</i>	<i>Nurofen</i> _____ <i>ml</i>
Time of day medication is to be administered: 1: _____ 2: _____ 3: _____ 4: _____ 5: _____	
Possible Side effects/Allergies _____ _____ _____ _____	
<p>Parent/Guardian</p> <p>I hereby give my permission for my child to take the above referenced prescription medication at Cheeky Monkeys Day Nursery as above. I understand that it is my responsibility to furnish this medication in its original container.</p>	
Signature of Parent/Guardian:	Date:
Staff Signature	Date:
On behalf of Cheeky Monkey's Day Nursery	
<p>This form is for parents to complete on joining the nursery for permission for Cheeky Monkey's Day Nursery to give my child fever reducing medicine as above.</p> <p>I understand that it is my responsibility as a parent to notify the nursery of a dosage increase.</p> <p>Cheeky Monkey's Day Nursery will contact you for permission each and every time fever reducing medicine is needed to be administered. If the parent cannot be reached then the Management will take responsibility to decide if it should be administered following the dosage above.</p>	

Date	Dosage	Time Given	Signature (First Aider)	Signature (Witness)	Parent's Signature

