



## REGISTRATION FORM

<b>Funding Code</b>		<b>N.I number</b>		<b>Parent DOB:</b>	
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### KEY INFORMATION

#### Requirements

*Desired times and days can only be given providing the nursery have the available spaces and maintains its ratios. Children can be added to our waiting list for sessions/days.*

Please indicate the days required for your child below							Preferred Start Date		
Monday		Tuesday		Wednesday		Thursday		Friday	
8-1pm	1-6pm	8-1pm	1-6pm	8-1pm	1-6pm	8-1pm	1-6pm	8-1pm	1-6pm

For free entitlement package 3 different sessions per week are available, please select the days & times you require.

#### *Office Use Only*

<i>Funded</i>	<i>9M-2</i>	<i>2-3</i>	<i>3-5</i>	<i>None</i>	<i>Actual Days</i>	
					<i>Actual Start Date</i>	
<i>Funding Code</i>				<i>Funding Code Checked</i>		

#### Child's Information

Surname					
First Name(s)					
Known As					
Date of Birth		Sex (circle)	Boy	Girl	
Address					
		Postcode			
Local Authority (Council)					

Ethnicity (tick as appropriate)	White British				
	White Irish				
	Any Other White background				
	Black African				
	Black Caribbean				
	Any Other Black background				
	Asian/ Asian British Bangladeshi				
	Asian/ Asian British Indian				
	Asian/ Asian British Pakistani				
	Any Other Asian Background				
	Chinese				
	Arab				
	Mixed White/ Asian				
	Mixed White/ Black African				
	Mixed White/ Black Caribbean				
	Any Other Mixed background				
Any Other background					
Religion (tick as appropriate)	Christian	Hindu	Jewish	Non-Religious	
	Muslim	Sikh	Buddhist	Any other	
	Please detail if any other _____				
First Language					
Additional Languages Spoken					
<i>Office Use Only</i>					
Birth Certificate Provided	Signed		Proof of Address Provided	Signed	
	Date			Date	
<p><b>Parent/Carer 1 – with whom child lives with</b></p> <p><i>Persons with parental responsibility will only be refused collection if a valid court order is in place and documentation has been provided. Passwords will be used for all first instance collections/ or with staff members who may not have seen persons collecting.</i></p>					
Name					
Relationship to Child					
Parental Responsibility (tick appropriate)	Yes		No		
Address					
				Postcode	
Telephone Number	Home		Mobile		
Email Address					
Place of Work					

Work Telephone Number		EXT	
<i>Office Use Only</i>			
Named on BC	Yes	No	Can this person collect
			Yes No
Court Order in Place?	Yes	No	Password
<p><b>Parent/Carer 2 – with whom child lives with</b></p> <p><i>Persons with parental responsibility will only be refused collection if a valid court order is in place and documentation has been provided. Passwords will be used for all first instance collections/ or with staff members who may not have seen persons collecting.</i></p>			
Name			
Relationship to Child			
Parental Responsibility (tick appropriate)	Yes	No	
Address			
		Postcode	
Telephone Number	Home	Mobile	
Email Address			
Place of Work			
Work Telephone Number		EXT	
<i>Office Use Only</i>			
Named on BC	Yes	No	Can this person collect
			Yes No
Court Order in Place?	Yes	No	Password
Do any other individuals have legal contact arrangements with the child?	Yes	No	
If yes, please provide details below and copies of the relevant documentation			
<p><b>Emergency Contacts other than Parents/ Carers</b></p> <p><i>Should you be unable to collect your child from nursery it is compulsory we have the names and telephones numbers of two people authorised to collect you child. Identification will be requested. (The person(s) must be over 16 years of age). As security is of the utmost importance, we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password.</i></p>			
Name 1			
Relationship to Child			
Address			

		Postcode	
Telephone Number	Home		Mobile
Work Telephone Number			EXT
Password for Collection			
Name 2			
Relationship to Child			
Address			
		Postcode	
Telephone Number	Home		Mobile
Work Telephone Number			EXT
Password for Collection			

<b><u>MEDICAL DETAILS</u></b>			
Doctor's Name			
Practice			
Address			
		Postcode	
Telephone Number			
Health Visitor's Name			
Address			
		Postcode	
Telephone Number			
<b>Other Services Involved</b>			
Family Nurse (circle)	Yes	No	Date Involvement Commenced
Name			
Contact Information and Telephone Number			
Social Worker	Yes	No	Date Involvement Commenced
Name			
Contact Information and Telephone Number			

Speech and Language	Yes	No	Date Involvement Commenced	
Name				
Contact Information and Telephone Number				
Paediatrician	Yes	No	Date Involvement Commenced	
Name				
Contact Information and Telephone Number				
Any Other Services	Yes	No	Date Involvement Commenced	
Main Service Provided				
Main Contact Name				
Contact Information and Telephone Number				
<b>Immunisations</b>				
<i>Please ticks if your child has been vaccinated against the following:</i>				
	Yes	No		Yes No
Diphtheria			Tetanus	
Hib			Mumps	
Measles			Rubella	
Polio			Whooping Cough	
Details of any other vaccinations				
Has your child had any infectious diseases?		Yes	No	
If Yes, please give details				
Regular prescribed medication taken by your child (Please note the nursery is only able to administer prescribed medicines)				

<b><u>INDIVIDUAL REQUIREMENTS AND DETAILS</u></b>				
Do you have any concerns about your child's development?			Yes	No
Please give details				
Does your child have any food allergies or special dietary requirements?			Yes	No
Please give details				
Does your child have any cultural or religious requirements?			Yes	No

Please give details		
Is there any particular celebrations/festivals you wish your child to celebrate?	Yes	No
Please give details		
Has your child been at nursery before?	Yes	No
Please give details		
Does or did your child attend any children's centres?	Yes	No
Please give details		
Is your child in nappies/ pull ups? (these are provided by the parent/carer)	Yes	No
Please give details		
Does your child still require a sleep throughout the day?	Yes	No

## **CONSENTS**

### **Medical Treatment**

*In the unlikely event of you being unavailable nursery needs certain permissions. (Please note: nursery will only administer calpol with permission obtained from Parents to children who have a temperature that is not reducing through normal methods. Your child's Calpol/Paracetamol must be prescribed – you will still be asked to collect you child)*

#### **I hereby give consent for the staff at Tender Care to:**

Administer Emergency First Aid	Yes	No
Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary	Yes	No
Administer medication	Yes	No
To apply a plaster when necessary	Yes	No
To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream, hat and appropriate clothing during the summer months	Yes	No
<b>Sign</b>		<b>Date</b>

### **Outings**

*Tender Care Nursery operates a strict 1:2 ratio on all outings.*

#### **I hereby give consent for the staff at Tender Care to:**

To take my child on local visits and outings	Yes	No
To travel on public transport	Yes	No
<b>Sign</b>		<b>Date</b>

**Photography**

*The nursery will not use photographs for advertising or publicity purposes after 12 months of a child leaving the setting. The nursery will only use pictures of your child when they have left if they are in the annual group picture or in homemade nursery books.*

**I hereby give consent for the staff at Tender Care to:**

Photograph my child and for those photographs to be used in my child's file and displays around the nursery	Yes	No
Use photographs of my child in newsletters	Yes	No
Use photographs of my child on the nursery website	Yes	No
Use photographs of my child for advertising purposes	Yes	No

<b>Sign</b>		<b>Date</b>	
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**Sharing Information**

*Please note staff will share information without consent if they are concerned about the welfare of the child.*

**I hereby give consent for the staff at Tender Care to:**

Share information about my child with other agencies such as : Speech and Language, Health Visitors, Special educational need support	Yes	No
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<b>Sign</b>		<b>Date</b>	
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**REGISTRATION****How To Register**

*To register your child submit this form along with your child's birth certificate, red book & proof of address (bank statement, council tax, utility bill) and our £150 registration fee which includes 1 uniform.*

*[Please note the registration fee is non-refundable should you change your mind – Registration Fee does not apply to 2 year old funding only places]*

**Acceptance of terms and conditions**

*I have read, understood and accept the terms and conditions of the nursery as set out in the nursery prospectus and agree to pay the fees monthly. I understand I need to give one month's notice in writing to cancel or amend this agreement.*

**Name of Person signing** \_\_\_\_\_

<b>Sign</b>		<b>Date</b>	
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*Office Use Only*

<i>Date Received</i>		<i>Registration Fee Paid (please tick)</i>	
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<i>Staff Name</i>		<i>Sign</i>	
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**How did you hear about the nursery?:** \_\_\_\_\_

**PLEASE SUBMIT COMPLETED REGISTRATION FORMS TO YOUR DESIRED BRANCH:**

**CANTERBURY TENDER CARE NURSERY**

**Canterbury Tender Care, 91-93 Canterbury Road, Croydon, Surrey, CR0 3HH**

[canterbury@tendercaredaynursery.com](mailto:canterbury@tendercaredaynursery.com)