



REGISTRATION FORM

<u>KEY INFORMATION</u>									
<p>Requirements <i>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.</i></p>									
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.									
<i>Office Use Only</i>									
<i>Funded</i>	2	3	4	<i>None</i>	<i>Actual Days</i>				
					<i>Actual Start Date</i>				
<i>Reference No.(TYO)</i>						<i>Reference No. Checked</i>			
<p>Child's Information</p>									
Surname									
First Name(s)									
Known As									
Date of Birth						Sex (circle)	Boy	Girl	
Address									
						Postcode			
Local Authority (Council)									
			White British						

Ethnicity (tick as appropriate)	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	Date			
<p>Parent/Carer 1 – with whom child lives with</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>Parent/Carer 2 – with whom child lives with <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>Emergency Contacts other than Parents/ Carers <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			

<u>MEDICAL DETAILS</u>			
Doctor's Name			
Practice			
Address			
		Postcode	
Telephone Number			
Health Visitor's Name			
Address			
		Postcode	
Telephone Number			
Other Services Involved			
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					
Immunisations					
<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)					

<u>INDIVIDUAL REQUIREMENTS AND DETAILS</u>				
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
Sign		Date

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
Sign		Date

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

Sign		Date	
-------------	--	-------------	--

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
--	-----	----

Sign		Date	
-------------	--	-------------	--

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 _____

Sign		Date	
-------------	--	-------------	--

Office Use Only

<i>Date Received</i>		<i>Registration Fee Paid (please tick)</i>	
----------------------	--	--	--

<i>Staff Name</i>		<i>Sign</i>	
-------------------	--	-------------	--

How did you hear about the nursery?: _____

PLEASE SUBMIT COMPLETED REGISTRATION FORMS TO YOUR DESIRED BRANCH:

WESTBURY TENDER CARE NURSERY

Westbury Tender Care Nursery, 30 Westbury Road, Croydon, Surrey, CR0 2ES

westburytendercarenursery@outlook.com

TENDER CARE @ ZAKIA CENTRE

Tender Care @ Zakia Family Centre, 166A St James's Road, Croydon, Surrey, CR0 2UZ

zakia@tendercaredaynursery.com

CANTERBURY TENDER CARE NURSERY

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

canterbury@tendercaredaynursery.com