

Child Registration Forms



Personal Details

Forenames of child			
Surname of child			
Date of birth		Male/Female	
Home address			
Postcode			
Position in family			
Hair colour		Eye colour	
Religion			
Ethnic origin		Country of Birth	
Nationality			
Language(s) spoken at home			
Are there any other people/professionals involved in your child's care, details of any special educational needs/disabilities			
How did you hear about Riverside			
Preferred start date			

About your family

Mother/carer			
Title			
First name			
Surname			
Password			
Home address			
Postcode			
Home tel number			
Mobile			
Home email			
National Insurance Number		Date of Birth	
Birth Certificate seen, parental responsibility established			



Mother/Carer Work Address Post code	
Work tel number	
Work email	
Hours worked	
Responsibilities Mother/Carer (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Father/carer			
Title			
First name			
Surname			
Password			
Home address			
Postcode			
Home tel number			
Mobile			
Home email			
National insurance number		Date of Birth	
Work address Postcode			
Work Tel number			
Work email			
Hours worked			
Responsibilities Father/Carer (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>		

Other contacts

Contact one			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)		Collect child from nursery <input type="checkbox"/>	Contact in emergency <input type="checkbox"/>
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)		Collect child from nursery <input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

Medical details

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations? Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Any other immunisations		
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Health visitor details		
Name		
Address		
Postcode		

Telephone number	
Other agency details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning only					
Afternoon only					

Agreement

I agree to abide by the terms and conditions and policies and procedures of **Riverside Nursery** which I have read and fully understand.

Signed..... Date

Print name.....

Relationship to child

Signed.....Date.....

Print name.....

Relationship to child

Office use only

Input into nursery administration system (tick when complete)

on (date)

Input by

Position

Actual start date

Room

Key person

Birth Certificate seen

T&Cs/Covid Agreement/GDPR/BANES Form (emailed to parents)

T&Cs/Covid Agreement/GDPR/BANES Form (signed copy on file)

Peg Label Wall Label Bag Label Water Bottle Label

Funding/30 hours code

Permission slips received

Nursery trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

Amount of deposit paid Cash Bank transfer

Communication Plan

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

The preferred method is _____

Amendment to Child's Registration Form

Child's Name	
Date	
Request Made By	
Change Requested	
Reason	
Signature of Parent	
Received By	
Checked By	
Any More Information Required	
Approved By Name	
Signature	
Date	