

REGISTRATION AND CONSENT FORM – All Sections must be filled in*

Child's Full Name			
Gender (male/female)			
Date of Birth			
Birth certificate No.	Please send copy of birth certificate when returning this form		
Passport No.			
Health No.			
Intended start date			
Home Tel. number			
Home Address including post-code			
Hair colour		Eye colour	
Nationality		Religion	
Intended primary school			

PARENT'S/CARERS WITH WHOM CHILD LIVES

Relationship to child	1.	2.
Full name incl. title		
Address if different to child including postcode		
Telephone-Home		
Telephone- Mobile		
Telephone- Work		
Occupation:		
E-mail		
Parental responsibility?	Yes/No (delete)	Yes/No (delete)
Bill Payer?	Yes/No (delete)	Yes/No (delete)

Name of parent with whom the child does not live.	
Does this parent have parental responsibility?	Yes/No (delete)
Does this parent have legal access to the child?	Yes/No (delete)
Address	
Telephone	

ANY OTHER EMERGENCY CONTACT DETAILS

Name	
Relationship to child	
Telephone-Home	
Telephone-Mobile	
Authorised to pick-Up?	Yes/No (delete)
Sample Signature	
Security pass-word	

MEDICAL CONTACT DETAILS

Doctor's Name	
Doctor's Tel: Number	
Doctor's Address	
Please indicate any medical conditions or allergies, or any medications taken.	

IMMUNISATION RECORD

Type of vaccination	Date Vaccinated
Whooping Cough	
MMR	
Polio /Tetanus /Diphtheria	
Meningitis C	

We occasionally have to administer first aid to the children; please delete any preparations you DO NOT wish us to use on your child:

- **Antiseptic Wipes**
- **Sun Block Cream**
- **Plasters**
- **Baby Wipes**
- **Cold Compress**
- **Bite ease preparations**
- **Sudocrem/nappy cream**
- **Face painting**

YOUR CHILD'S SPECIAL DIETRY NEEDS OR PREFERENCES

Please indicate if your child has any special dietary requirements or other Information you feel may be helpful:

CONSENT

Please delete any consent you do not agree to:

I the Parent/Guardian of.....

- Give my consent for my child to be taken on outings with qualified staff for the purpose of nature walks etc.
- Give my consent for observations to be carried out for the purpose of my child's personal development record, or visiting students embarking on further education.
- Give my consent for you to take my child to the doctors or hospital in an emergency and receive any medical treatment which is urgently necessary. (We will always do our best to contact parents/carers at the earliest convenience).
- Give my consent for photographs to be taken of my child. These will be used mainly for their personal records, but on occasions may be used for displays or to advertise our setting in the local press or on our web site www.chesterfieldchildcare.co.uk
- Give my consent for you to escort my child in the setting vehicle or owned by nursery staff. The manager will check all relevant documents, driving license, tax and M.O.T. Suitable boosters and car restraints will be used. If the excursion is for an outing then the full arrangements and prior notice will be given, if the nature of the excursion is for emergency, then prior notice may not be given.
- I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty of care to report this to the Social Services Department.

Calpol

In keeping with the Childcare standards we are not allowed to administer Calpol unless we have permission from you.

We are aware that babies in particular will go through the stage of teething therefore parents/ carers are welcome to bring in Calpol in a named bottle or box of sachets and these will be stored in the medicine cupboard in the kitchen.

I give consent for staff at Wingerworth Wonder Years to administer Calpol to my child (if needed) as long as telephone agreement is given first, with a follow up email as a form of written consent

Signed: _____ (parent/guardian) Date: _____

Parent's signature: -

Date:-

PLEASE STATE YOUR ETHNICITY

SO THAT WE CAN BEST MEET YOUR CHILDS NEEDS WE ASK THAT YOU COMPLETE THE TABLE BELOW

CHILDS NAME.....

WHITE BRITISH	
WHITE IRISH	
WHITE OTHER	
MIXED - WHITE AND BLACK CARIBBEAN	
MIXED - WHITE AND BLACK AFRICAN	
MIXED - WHITE AND ASIAN	
MIXED - OTHER	
CHINESE	
ASIAN OR ASIAN BRITISH - INDIAN	
ASIAN OR ASIAN BRITISH - PAKISTANI	
ASIAN OR ASIAN BRITISH - BANGLADESHI	
ASIAN OR ASIAN BRITISH - OTHER	
BLACK OR BLACK BRITISH - CARIBBEAN	
BLACK OR BLACK BRITISH - AFRICAN	
BLACK OR BLACK BRITISH - OTHER	
NOT KNOWN	
OTHER-PLEASE STATE	

FIRST LANGUAGE USED AT HOME:

WE WISH TO DELIVER THE BEST POSSIBLE CARE AND EDUCATION FOR YOUR CHILD
SO PLEASE USE THE SPACE BELOW TO INFORM US OF ANY OTHER INFORMATION THAT YOU FEEL WOULD BE
HELPFUL TO US IN OUR DAY TO DAY CARE PROVIDING.

<p>For example:</p> <ul style="list-style-type: none">➤ Festivals/celebrations that your child can or cannot take part in.➤ Special support your child may require in the setting.➤ Your child's likes fears, special words, and comforter.➤ Names and contact details of any other professionals involved with your child.➤ Severe illnesses experienced.
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