

Child Registration

Date	Child's name
Date of birth	

Home Address
Postcode
Nationality
Position in family
Religion
Details of any special needs

Mother / Father / Same Sex Family / Carer

First name	Surname
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Password

Home address
Postcode
Contact number
Home email
Work address
Postcode
Work contact number
Work email address
Hours worked

Mother / Father / Same Sex Family / Carer

First name	Surname
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Password

Home address
Postcode

Contact number

Home email

Work address
Postcode

Work contact number

Work email address

Hours worked

Parental responsibility Collect child from Nursery

Payment of fees Contact in emergency

Additional Contact 1

First name	Surname
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Relationship to child

Address
Postcode

Contact number	Password
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Collect child from nursery Contact in emergency

Additional Contact 2

First name	Surname
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Relationship to child

Address	
Postcode	
Contact number	Password

Collect child from nursery

Contact in emergency

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					

Has your child previously attended a nursery or childminder and if yes please provide contact details.

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Please sign consent to request Learning Journal from previous setting

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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	

<p>Has your child had any of the following immunisations?</p> <p>Please tick and date</p>	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?		

Office use only

Input by

Position

Start date

Age Group

Key person

Parental Consent Form completed and returned Yes / No

Diet Sheet completed and returned Yes / No

Enter contact numbers nursery mobiles Yes / No

Enter email address on contact group Yes / No

Hand over all relevant information to child's Keyperson Yes / No

Connect – Create child entry

Input all registration data Yes / No

Create online learning diary iConnect Yes / No

Parent Portal access given Yes / No

Complete Health Care Plan – if applicable Yes / No

Forms to go to the office:

Parent Contract;

Invoice;

Child Registration Form;

Parental Consent;

Diet sheet

Induction

Care plans

Settling in plan