



BARBIES FOOTSTEPS NUSERY SCHOOL

**REGISTRATION FORM**

**Fund Starts:**

  

**Birth Cert Seen  
Registration fee**

**Family Details**

Full Name of Child ..... Male/Female .....

Address .....Postcode.....

Date of Birth ...../...../..... Telephone No 01843..... Mobile .....

Email contact .....

Religion ..... Ethnic Origin .....

Language spoken by family .....

Names of other siblings in the family and their dates of birth.....

.....

Name of Parents/Carer .....

With whom does the child live .....

Name of person with Parental responsibility.....

Please give information about any person who should not come into contact with this child for legal reasons

.....

**Sessions Required - please indicate below**

	am		Lunchtime pm
Monday		.....	
Tuesday		.....	.....
Wednesday		.....	.....
Thursday		.....	.....
Friday			.....
			.....
			.....

**Outside agencies sometimes visit the setting to support staff, observe and discuss children’s progress. If you DO NOT wish your child to be observed please inform the Manager in writing.**

**Signed .....** **Dated:...../...../20.....**

**I have read the Prospectus and understand that full fees must be paid including absences.**

**Signed:**..... **Dated:**.....

**Parental Consent**

Parental consent is required by a person with parental responsibility for certain activities your child may participate in. Please tick either yes or no as to whether you give consent for the following.

**Application of sun cream**

I give permission for a member of staff to apply sun cream to before outdoor play , reapplying as appropriate to the weather conditions .

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

I consent to staff using cream supplied by the nursery.

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Outings Permission**

I give permission, for my child to be taken on routine outings to the park, shops and other suitable local facilities without asking each time.

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Face painting**

We sometimes carry out face painting activities. I give permission for my child to take part in such activities.

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Photography permission**

At the Nursery we only use photography of children as evidence of their learning journey for the children’s personal profiles or for permitted displays unless prior parental permission has been sought for a specific project.

I agree that the Nursery may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand the above:

By signing below you give your consent to all boxes ticked with a ‘Yes’ answer

Name of Child:.....

Name of Person giving consent:.....

Relationship with child:.....

**Signed:**.....**Dated:** ...../...../20.....

**If at any time you wish for another adult to collect your child you will need to inform us. The adult will also need to know your childs Security Password. This will be asked for on collection of your child.**

**Security Password:**

.....

**Emergency Contact Details**

**Mothers Employer**

**Fathers Employer**

Name ..... Name .....

Address ..... Address .....

.....

Tel ..... Mob..... Tel..... Mob.....

**Person to contact other than parents:** Name

.....

Relationship to child ..... Address.....

.....

Tel ..... Mobile .....

**Medical Details**

Name of Doctor ..... Telephone No. ....

Address .....

Name of Health Visitor ..... Date of 2 year check:...../...../20.....

Details of injections received, eg Tetanus MMR, etc .....

Please give details of any existing medical conditions, additional needs or concerns:.....

.....

Please give details of any regular medication .....

.....

**(medication will only be administered with written consent)**

Any Allergies

.....

Any Dietary Needs .....

**Emergency Consent**

**In the event of the setting not being able to contact myself, my partner or the designated emergency persons, I agree to the Manager or Supervisor giving permission for my child .....**

**to receive emergency treatment by a qualified medical practitioner.**

**Signed (Parent/Carer) .....Dated ...../...../20.....**

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