



## Orchard House Nursery Registration Form

- Start Month/Date:
- No. of days per week:
- If your child is part-time please specify which are your preferred days:

To secure your place on the waiting list we require a £50 registration fee. You will also be asked to pay a deposit equivalent to one week's fees 8 weeks before your child is due to start at the nursery.

### Key Information

Child's Surname			
Child's First Name(s)			
Known As			
Date Of Birth			
Sex	Boy		Girl
Religion		Ethnicity	
First Language			
Any Other Language spoken			
<b>Parent/Carer 1</b>	Relationship to the child		
	Parental Responsibility	Yes	No
Name			
National Insurance Number			
Address			
		Post Code	
Email Address			
Telephone Number	Home		Mobile
Place of Work			
Job Title		Dept	
Address			



			Post Code	
Telephone Number			Ext.	
Able To Collect Child	Yes		No	
<b>Parent/Carer 2</b>	Relationship to the child			
	Parental Responsibility		Yes	No
Name				
National Insurance Number				
Address				
			Post Code	
Email Address				
Telephone Numbers	Home		Mobile	
Place of Work				
Job Title		Dept		
Address				
			Post Code	
Telephone Number			Ext.	
Able To Collect Child	Yes		No	

Do any other individuals have Legal contact arrangements with the child	Yes	No
If Yes please provide details below and a copy of relevant documentation		



### Emergency Contacts Other Than Parents/Carers

	Contact No. 1	Contact No. 2
Name		
Relationship To Child		
Address		
Tel. No		
Mobile No.		
Password for Collecting child		

### Medical Details

Doctors Name:			
Address			
Tel. No.			
Health Visitor Name			
Address			
Tel No.			
Does your child have a Personal Child Health Record book (Red Book) If yes, please bring to induction visit.	Yes	No	

#### Are there any other services involved with the child or family ?

Family Nurse	Yes	No	Date Involvement commenced
Name			



Contact Information and Telephone Number			
<b>Social Worker</b>	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
<b>Speech and Language</b>	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
<b>CAHMS</b>	Yes	No	Date Involvement commenced
Name			
Contact Information and Telephone Number			
<b>Path Finders Team</b>	Yes	No	Date Involvement Commenced
Name			
Contact Information and Telephone Number			
<b>Any Other Service</b>	Date Involvement Commenced		
Main Service Provided			
Main Contact Name			
Contact Information and Telephone Number			

**Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:**

	Yes	No		Yes	No
Diphtheria			Tetanus		
Hib			Mumps		
Measles			Rubella		
Polio			Whooping Cough		
Details Of Other Vaccinations					
Has Your Child Had Any Infectious Diseases?			Yes	No	
If Yes Please Give Details					

**Individual Requirements and Details**

Has Your Child Any Food Allergies or Special Dietary Requirements?	Yes	No
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Please Give Details				
Are There Any Foods You Do Not Want Your Child To Have?		Yes		No
Please Give Details				
Has Your Child Any Cultural Or Religious Requirements?		Yes		No
Please Give Details				
Any Other Details That May Be Useful				

## **Consents**

<b><u>Medical Treatment</u></b>		
<b>I hereby give consent for the staff of Orchard House Nurseries to ...</b>		
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
Signature..... Date .....		

<b><u>Outings</u></b>		
<b>I hereby give consent for the staff of Orchard House Nurseries to ...</b>		
To take my child on local visits and outings	Yes	No
To travel on the company mini bus	Yes	No
To travel on public transport	Yes	No



Signature..... Date .....

**Photographs**

**I hereby give consent for the staff of Orchard House Nurseries 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 taken at Orchard House Nursery in another child's file or diary (as a group)	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

Signature..... Date .....

**Sharing information**

**I hereby give consent for the staff of Orchard House Nurseries to ...**

Share information about my child with other agencies such as : Speech and Language, Health Visitors, Special educational need support	Yes	No
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Signature..... Date.....

**Please note staff will share information without consent if they are concerned about the welfare of the child**