



## Registration and Information Form

Sweet Peas (10-24months)

Sunflowers (24-36months)

Dandelions (36+ months)

### Child's Details

Surname	<input type="text"/>	Date of Birth	<input type="text"/>
Forenames	<input type="text"/>	Nationality	<input type="text"/>
Known As	<input type="text"/>	Religion	<input type="text"/>
Address	<input type="text"/>	Ethnicity	<input type="text"/>
Telephone	<input type="text"/>	Languages Spoken	<input type="text"/>
		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn

### Nursery Sessions

Preferred start date

Sessions required:	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8am to 1pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1pm to 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Day (8am to 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Day (9am to 3pm) (pre- school only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Drop-off (7:30am-8am) (over 2's only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Parents/ Guardians Details

	Parent / Guardian 1	Parent / Guardian 2
Full name	<input type="text"/>	<input type="text"/>
Relation to child	<input type="text"/>	<input type="text"/>
Address (if different from child)	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Home telephone No	<input type="text"/>	<input type="text"/>
Mobile No	<input type="text"/>	<input type="text"/>

Work No		
Occupation		
Responsibility (tick all that apply)	<input type="checkbox"/> Parental Responsibility <input type="checkbox"/> Collection of Child <input type="checkbox"/> Fees	<input type="checkbox"/> Parental Responsibility <input type="checkbox"/> Collection of Child <input type="checkbox"/> Fees

All fee invoices will be emailed to a nominated account, please state the e-mail address below.

.....

### Additional Emergency Contacts

The persons listed below will be contacted if we are unable to make contact with the parent. (Note these contacts need to be someone other than the parents)

	Emergency Contact 1	Emergency Contact 2
Full Name		
Relation to Child		
Mobile No		
Alternative Number		
Address		

### Additional persons who may collect your child

Please list below any other persons who may occasionally/regularly collect your child. The parent **must** give prior notice to the Nursery of any arrangement made.

Names	Relation to child

The following password ..... will be used in an emergency, if someone not on the list collects the child.

### Medical Information

Name of G.P.		Surgery Address
Telephone No of G.P.:		

Has your child had any of the following immunisations?	Date Given
--	------------

1<sup>st</sup> Diphtheria, Tetanus, Whooping Cough, Polio, Hib , Meningitis C

2<sup>nd</sup> Diphtheria, Tetanus, Whooping Cough, Polio, Hib , Meningitis C

3<sup>rd</sup> Diphtheria, Tetanus, Whooping Cough, Polio, Hib , Meningitis C

1<sup>st</sup> Measles, Mumps, Rubella

2<sup>nd</sup> Measles, Mumps, Rubella

Does your child have any allergies?

Is your child taking any medication? Please also state reason.

Does your child have any special educational needs?

Any other information ( e.g. dietary/ religious.)

## Emergency Treatment

I / we agree to senior staff taking the necessary steps to ensure that our child receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the environment or whilst my child is on an authorised outing. The Nursery will make effort to inform the parents of an emergency or accident as soon as possible after the event but they have permission to accompany my child to a hospital in case of a serious accident, in my absence. I give permission for staff to contact the emergency services in my absence. I also give permission for the senior staff in charge of the provision to authorise hospital staff to administer essential treatment until my arrival.

Signature

Signature

## Permissions

		Please initial
I/We give consent to have any emergency First Aid Treatment as deemed necessary by the staff of the nursery.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We give consent for sun protection to be applied to my child by nursery staff (I will provide a labelled sun cream bottle).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We give consent for any nappy cream or other cream to be applied to my child (I will provide these if necessary).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We give consent for baby wipes to be used on my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We give consent to use plasters/bandage/dressings on my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We give consent for my child to be photographed/videoed whilst at nursery or outings for internal displays and child development records.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We give consent for my child to be photographed whilst at nursery and for this to be used on our website/promotional material (please note we do not give out the names of the children)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We give permission for staff members to take my child off-site for walks and outings, given that the correct child to staff ratio's still apply.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I/We agree/consent to my child being given Calpol in the event of him/her needing it for temperature control or severe teething pains. I understand that I will be contacted before my child receives Calpol and will collect them as soon as possible in the case of high temperatures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

In the event that I cannot be contacted, I agree that Calpol can be administered if my child has an excessive temperature, as long as other attempts to cool the child down have not worked. (e.g. remove clothing to under garments, given water to drink).		
--	--	--

Signature

Signature

**Data Protection** - In compliance with current UK Data Protection Legislation, any information you provide will be kept secure and treated confidentially. The Data collected will only be used by Wetherby House Montessori and will not be disclosed to any external sources except regulatory authorities without your prior consent.

In signing this form, the parents are deemed to have read, understood and agreed to the terms and conditions. Please request a copy if you have not already received one.

Please bring with you for verification purposes.

- Original Birth Certificate and Red Health Book for Child
- Photo ID and Proof of Address of Parents

This form should be returned to Wetherby House Montessori with the following (Payable by Cash, Cheque or BACS)

- Non-refundable registration fee of £100
- Refundable deposit of £300 (please read Terms and Conditions)

Signature

Signature

Print Name

Print Name

Date

Date

Notes:

**OFFICE USE ONLY**

Deposit:

Place offered:

Registration fee:

Start date:

Mother's ID:

Proof of address:

Father's ID:

Proof of address:

Child's Birth Cert:

Immunisations:

Settling session:

Loaded Abacus:

Settling session:

Welcome Letter:

Settling session:

File Opened: