



### CHILD REGISTRATION FORM

Information required on this first sheet is for general invoicing and administrative purposes.

Child's Full Name	
Child's Date of Birth	
Child's Gender	
Parent/ Guardian Name(s)	
Mobile Phone Number	
Home Phone	
Child's address	
Email	
Child's Start Date	

### Regular Attendance Pattern

Please circle the sessions you wish your child to attend on a regular basis. There is a minimum attendance of three sessions per week. This is the pattern that your monthly invoice will be based on. Additional sessions can be booked but we cannot guarantee availability for these.

Monday		Tuesday		Wednesday		Thursday		Friday	
8am	3:30pm	8am	3:30pm	8am	3:30pm	8am	3:30pm	8am	3:30pm

If your child is to be included in the Nursery Education Funding Scheme, will they be attending:

Term time only	or	Full year
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OFFICE USE ONLY		
ACCEPTED	Initials:	Date:
REG FEE PAID	Initials:	Date:
PROOF of DoB	Initials:	Date:

**Flying Start Nursery Limited, Gloucester House, Market Place, Fairford, GL7 4AB**  
**Telephone 01285 711711 Email [info@fairfordnursery.co.uk](mailto:info@fairfordnursery.co.uk) www.fairfordnursery.co.uk**  
**OFSTED registration no EY417791**

Flying Start Nursery Limited is a company registered in England and Wales, Registration no 7246452

## CHILD REGISTRATION FORM Contd

### 1. Parents' Details

This form should be completed by both parents. If you are a single parent please leave one side blank. It is important that we have as many contact details for your child as possible, in case your child becomes ill whilst at the Nursery. If personal circumstances or legal contact changes then it is your responsibility to notify the Nursery Manager and provide appropriate legal documentation to support this change immediately.

Parent/ Guardian (Primary Contact)
Full name:
Home address (if different from the previous page):
Postcode:
Home phone:
Work phone:
Mobile phone:
E-mail:
Do you have legal Parental Responsibility? Yes / No

Parent/ Guardian (Secondary Contact)
Full name:
Home address (if different from the previous page):
Postcode:
Home phone:
Work phone:
Mobile phone:
E-mail:
Do you have legal Parental Responsibility? Yes / No

### 2. Child's Details

To provide the best care possible for your child, it is important that we know of any food allergies or special diets which your child may have and for which we can then cater. If your child is a fussy eater, we will support them in increasing their food likes. Any special requirements listed here will be discussed in more detail with you prior to entry.

Child's full name:
Ethnic Origin (Please leave blank if you do not wish to disclose this information):
First language:

Dietary requirements:
Allergies:

### 3. Other Authorised Adults & Emergency Contacts

The following adults have permission to collect your child. You MUST inform the Nursery in advance of EACH pick-up if you wish your child to be released to one of these adults (you will normally be asked to complete the 'Going-home book' in your child's room). In accordance with our Uncollected Child Policy, your child cannot be collected by an adult not on this list or by a minor. Any changes to these details must be put in writing to the Nursery. You also authorise these adults to collect your child in an emergency if we cannot get in touch with the contacts listed in Section 1.

Please tick this box to verify you have asked your emergency contacts permission to be added to this form

Name:
Phone number:
Relationship to child:

Name:
Phone number :
Relationship to child:

Name:
Phone number:
Relationship to child:

Name:
Phone number :
Relationship to child:

## CHILD REGISTRATION FORM Contd

### 4. Child's medical details

The doctor's details are in case of emergency.

Name of Doctor: <hr/> Name of surgery: <hr/> Phone number: <hr/> Name of Health Visitor: (if applicable) <hr/> Has your child had any of the following: (please circle the correct answer) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Measles</td> <td style="width: 20%;">Yes</td> <td style="width: 20%;">No</td> </tr> <tr> <td>Mumps</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Rubella</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Chickenpox</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Whooping Cough</td> <td>Yes</td> <td>No</td> </tr> </table> <hr/> Does your child have any ongoing medication? Yes / No If yes, please give details: <hr/>	Measles	Yes	No	Mumps	Yes	No	Rubella	Yes	No	Chickenpox	Yes	No	Whooping Cough	Yes	No	Surgery address: <hr/> <hr/> <hr/> <hr/> <hr/> Has your child been inoculated against the following: (please circle the correct answer) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Measles</td> <td style="width: 20%;">Yes</td> <td style="width: 20%;">No</td> </tr> <tr> <td>MMR</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Tetanus</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Poliomyelitis</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Whooping Cough</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Diphtheria</td> <td>Yes</td> <td>No</td> </tr> </table> <hr/> Does your child suffer from any disability or allergy which will require special provision? Yes / No If Yes, please give details: <hr/>	Measles	Yes	No	MMR	Yes	No	Tetanus	Yes	No	Poliomyelitis	Yes	No	Whooping Cough	Yes	No	Diphtheria	Yes	No
Measles	Yes	No																																
Mumps	Yes	No																																
Rubella	Yes	No																																
Chickenpox	Yes	No																																
Whooping Cough	Yes	No																																
Measles	Yes	No																																
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Tetanus	Yes	No																																
Poliomyelitis	Yes	No																																
Whooping Cough	Yes	No																																
Diphtheria	Yes	No																																

### 5. Consents

In accordance with legislation we are required to request your consent on a number of activities involved in Nursery life. If you require further information about any of the following, please do not hesitate to speak to the Nursery Manager.

#### 5.1 Emergencies

In the event of emergencies I/we hereby authorise Flying Start Nursery Ltd to act as a responsible guardian in my/our absence.

Signed.....(Parent/ Guardian)

Signed.....(Parent/ Guardian)

#### 5.2 Outings

We regularly take the children off the Nursery premises locally, for example, to the park, the library, Bull Island or for a short walk around Fairford.

I/We consent to my child going on local Fairford based outings. (A trip further afield would require separate consent.)

Signed.....(Parent/ Guardian)

Signed.....(Parent/ Guardian)

#### 5.3 Use of Photographs

We regularly take photos of children to record their activities and achievements. We may display some of these photographs within the Nursery premises.

I/We give permission for photographs of my/ our child to be taken and used within the nursery premises.

Signed.....(Parent/ Guardian)

Signed.....(Parent/ Guardian)

## CHILD REGISTRATION FORM Contd

### 5.4 Use of photographs externally

We like to feature photographs of daily nursery activity, which may include your child, in advertising and promotional material.

I/We give permission for photographs of my/ our child to be used:

- in general nursery publicity leaflets,
- in local newspapers,
- on the web, including our website.

(please tick boxes as appropriate)

Signed.....(Parent/ Guardian)

Signed.....(Parent/ Guardian)

### 5.5 Administering Paracetamol/ Ibuprofen

Flying Start will not administer Paracetamol or Ibuprofen to your child unless you give your consent. Staff will only administer the medication if they feel it will be beneficial to the health of your child. Staff will telephone you to discuss the situation prior to administering the medication. You will then be asked to collect your child within one hour.

I/We hereby authorise Flying Start Nursery Ltd to administer Paracetamol or Ibuprofen.

Signed.....(Parent/ Guardian)

Signed.....(Parent/ Guardian)

### 5.6 Applying Sun Protection Lotion

It is our policy to ask parents to apply suntan cream before bringing their child to nursery. If required we will need to reapply later in the day depending on the conditions.

I/ We authorise Flying Start Nursery Ltd to apply Sun Protection Lotion.

I/ We wish Nursery Sun Protection Cream to be used OR I/ We wish to provide my own (delete as appropriate).

Signed.....(Parent/ Guardian)

Signed.....(Parent/ Guardian)

## 6. GDPR (General Data Protection Regulation)

The information you provide on this form will be destroyed if you are not offered a place at the nursery or if you do not accept the offer of a place. When a place is accepted the information provided on this form will only be used in connection with your child's place at the Nursery. This form will be kept for the duration of your child's attendance at the Nursery and an appropriate period beyond that in line with OFSTED guidance. Please see attached **Privacy notice** and **Retention policy** for more details. Please tick this box if you would like to OPT IN to our news letter and extra session update emails.

## 7. Signature

Please sign and date this form and we will be in touch to let you know whether we can offer your child a place.

I confirm that the details on this form are correct.

I enclose a registration fee of £50 (cheques made payable to Flying Start Nursery Ltd) which is non refundable. I have read and agree to the Terms & Conditions, which Flying Start Nursery Ltd may vary from time to time in writing to me.

Parent's/ Guardian's signature .....

Date.....

Parent's/ Guardian's signature .....	Date.....
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Last updated 08/05/2018