|  |
| --- |
| Child registration form – Club |

**Personal Details**

|  |  |
| --- | --- |
| Name of child\* |  |
| Date of birth\* |  |
| Home address\*Postcode |  |
| Position in family\* |  |
| Hair colour \* |  | Eye colour |
| Religion |  |
| Ethnic origin |  |
| Nationality\* |  |
| Language(s) spoken at home\* |  |
| Intended medium of education, e.g. English, Welsh \* |  |
| Details of any disabilities/special needs \* |  |
| How did you hear about Chugger’s Day Nursery? |  |

 About your family

|  |  |
| --- | --- |
| Mother/carer\* |  |
| Title |  |
| First name \* |  |
| Surname\* |  |
| Password\* |  |
| Home address\*(Please bring proof of address)Postcode |  |
| Home tel numbers\* |  |
| Mobile\* |  |
| Home email\* |  |
| Work address\*(if applicable)Postcode |  |
| Work tel numbers\* |  |
| Work email |  |
| Hours worked |  |
| Responsibilities\*(Tick all that apply) | Parental responsibility Payment of feesCollect child from nursery Contact in emergency |

|  |  |
| --- | --- |
| Father/carer |  |
| Title |  |
| First name \* |  |
| Surname\* |  |
| Password\* |  |
| Home address\*(Please bring proof of address)Postcode |  |
| Home tel numbers\* |  |
| Mobile\* |  |
| Home email\* |  |
| Work addressPostcode |  |
| Work tel numbers\* |  |
| Work email \* |  |
| Hours worked |  |
| Responsibilities\*(Tick all that apply) | Parental responsibility Payment of feesCollect child from nursery Contact in emergency |

Other contacts

|  |
| --- |
| Contact one |
| Title |  |
| First name  |  |
| Surname |  |
| Relationship to the child |  |
| Password |  |
| AddressPostcode |  |
| Tel number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in emergency |
| Contact two |
| Title |  |
| First name  |  |
| Surname |  |
| Relationship to the child |  |
| Password |  |
| AddressPostcode |  |
| Tel number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in emergency |

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 |
| Name of GP and Surgery |  |
| Address and Postcode |  |
| Telephone number |  |
| Health visit details\* |  |
| Name |  |
| Address and Postcode |  |
| Telephone number |  |
| Other agency details |  |
| Name |  |
| Address and Postcode |  |
| Telephone Number |  |
| Any other details we should know about? |  |

**Permission \***

|  |  |  |  |
| --- | --- | --- | --- |
| Permission for-  | Please circle  | Sign | Date |
| Take photos of your child, to use in the Club? | YES NO |  |  |
| Use photos of your child for advertising (on the website, newspapers and other forms of advertising) | YES NO |  |  |
| Take your child on outings, when an appropriate risk assessment has been performed  | YES NO |  |  |
| The use of sun cream in the summer | YES NO |  |  |
| Permission to administer prescription medication  | YES NO |  |  |
| Permission to watch Parental guidance films (PG) | YES NO |  |  |

**Registration checklist – Please ensure you complete all of the below to avoid a delay in your chid starting nursery.**

|  |  |
| --- | --- |
| Booking form  |  |
| All sections of registration completed  |  |
| Birth Certificate  |  |

Please sign below if you have read and understood the terms and conditions of Chugger’s Day Nursery, Preschool, and Holiday Club. By signing below you are acknowledging your responsibility to all your childcare fees in line with the terms and conditions.

Sign ……………………………………..Date……………………………………….