

**BUTTONS NURSERY – REGISTRATION FORM**

CHILD'S DETAILS - FULL NAME..... GENDER M/F

DOB..... BIRTH CERT NO.....

PARENT/CARER'S NAMES.....

ADDRESS.....

..... POST CODE.....HOME TEL NO.....

TO WHICH RELIGION IS YOUR CHILD/FAMILY AFFILIATED TO?.....

ETHNIC GROUP?.....LANGUAGES SPOKEN AT HOME?.....

ARE THERE ANY COURT ORDERS OR OTHER LEGAL DOCUMENTS AFFECTING YOUR CHILD Y/N

PLEASE SPECIFY.....

**PARENT/CARER INFORMATION**

PARENT/CARER 1: NAME.....MOBILE.....

PARENT/CARER 1: PLACE OF WORK.....

WORK NUMBER..... NI NUMBER.....

PARENT/CARER 2: NAME.....MOBILE.....

PARENT/CARER 2: PLACE OF WORK.....

WORK NUMBER..... NI NUMBER.....

PLEASE CLARIFY WHO HAS PARENTAL RESPONISBILITY (please refer to guidance notes overleaf)

.....

CHILD TO BE COLLECTED BY.....

PREFERRED FIRST CONTACT.....PASSWORD.....

EMAIL ADDRESS (only complete if you would like our monthly newsletters, important information emailed to you as opposed to receiving it paper based)

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**EMERGENCY CONTACT**

1) NAME..... RELATIONSHIP TO CHILD.....

MOBILE..... HOME TELEPHONE.....

2) NAME..... RELATIONSHIP TO CHILD.....

MOBILE..... HOME TELEPHONE.....

**ALLERGIES/HEALTH NEEDS**

ALLERGIES/DIETARY/MEDICAL CONDITIONS, (please give details, as well as listing other agencies involved with your child's needs)

.....

SPECIAL NEEDS.....

DOCTORS NAME.....TEL.....SURGERY.....

HEALTH VISITORS NAME.....TEL.....

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### OTHER INFORMATION

PLEASE INDICATE DAYS AND TIMES REQUIRED IN THE TABLE BELOW

MON	
TUES	
WED	
THURS	
FRI	

ALL YEAR ROUND/TERM TIME ONLY (please circle) START DATE.....

OTHER INFORMATION cont....

### SIBLINGS

NAME	AGE

COMFORTER (i.e. dummy,blanket,teddy).....

IMMUNISATIONS UP TO DATE.....Y.....N.....(if no please give details).....

DATE AND RESULT OF LAST HEARING TEST..... EYE TEST.....

PLEASE STATE IF YOUR CHILD HAS HAD ANY CHILDHOOD ILLNESSES E.G. CHICKEN POX,  
MEASLES OR ANY PAST HOSPITAL ADMISSIONS

WHERE DID YOU HEAR ABOUT US?.....

PREVIOUS CHILDCARE PROVIDERS.....

### EMERGENCY CONSENT

IN THE UNFORTUNATE EVENT THAT YOUR CHILD MAY NEED MEDICAL OR HOSPITAL TREATMENT, BUTTONS WOULD LIKE TO ASSURE YOU THAT YOU WOULD BE CONTACTED IMMEDIATELY SO THAT YOU MAY ACCOMPANY YOUR CHILD. HOWEVER IF WE ARE UNABLE TO CONTACT YOU, A MEMBER OF STAFF WILL ACCOMPANY THE CHILD TO THE HOSPITAL IN AN AMBULANCE FROM THE SETTING.

COMPLETION OF THIS REGISTRATION FORM CONFIRMS ACCEPTANCE OF THIS PROCEDURE.

I UNDERSTAND AND AGREE THAT FEES MUST BE PAID BY STANDING ORDER MONTHLY AND IN ADVANCE AND THAT ONE MONTH'S NOTICE MUST BE GIVEN OF YOUR CHILD LEAVING THE NURSERY OR ONE MONTH'S FEES ARE PAYABLE IN LIEU OF SUCH NOTICE.

I ENCLOSE A CHEQUE FOR £35, FOR THE REGISTRATION FEE (non-refundable)

SIGNED..... DATE.....

Parental responsibility – a mother automatically has parental responsibility for her child from birth, if parents of a child are married to each other at the time of the birth, or if they have jointly adopted a child, then they both have parental responsibility. Parents do not lose parental responsibility if they divorce. A father has this responsibility if married to the mother when the child is born or has acquired legal responsibility for his child through one of these routes:

- (From 1<sup>st</sup> December 2003) by jointly registering the birth of the child with the mother
- By a parental responsibility agreement with the mother
- By a parental responsibility order, made by a court

## BUTTONS NURSERY – REGISTRATION FORM

Please note that the following page is our permission page. We advise you read it carefully and if you have any questions or queries about anything on the form, you seek guidance from a Senior member of staff.

Please read the following information carefully as this relates to our photography/video consent.

\*Buttons Nursery fully recognises its duties and obligations under the General Data Protection Regulations and undertakes that all steps will be taken to ensure that the photographs/videos will be used in an appropriate manner, stored in a controlled location, and that personal data regarding identities of the subjects will not be printed. Please refer to Privacy Notice.

## BUTTONS NURSERY – REGISTRATION FORM

### PERMISSION FORM

1) Consent to share information – Buttons Nursery works in partnership with other agencies e.g. health and education. I give consent for information to be shared to provide high quality services to my child and my family.  
Yes    No    Signed.....

2) I give consent for staff to carry out and record observations on my child for the purpose of developmental assessment including the '2 year progress check'. Please note a copy of the 2 year check will be sent to your Health Visitor and you will also receive your own copy.

Yes    No    Signed.....

3) I give consent for Ofsted and other agencies to carry out and record observations on my child for the purpose of developmental assessment or during inspection.

Yes    No    Signed.....

4) \*I give consent for photographs/videos to be taken and used on the Early excellence recording system for the purpose of developmental records and to be displayed in and around the Nursery.

Yes    No    Signed.....

5) I give consent for my child to appear on group photographs/videos (e.g. when in group play such as sand)

Yes    No    Signed.....

6) \*I give consent for photographs (unnamed) to be used for brochures and other marketing publications, such as the newspaper.

Yes    No    Signed.....

7) \*I give consent for unnamed photographs of my child at play, to be placed on the Nursery's website, [www.buttonsnursery.co.uk](http://www.buttonsnursery.co.uk) and Twitter feed.

Yes    No    Signed.....

8) I give consent for a member of staff to apply sun cream/nappy cream/teething gel or powder to my child and understand I need to supply this. Please give details of what creams you will be supplying. **Due to health and safety we are not allowed to apply Bonjela.** An alternative must be provided.

Yes    No    Signed.....

Sun cream(i.e asda's own).....nappy cream(i.e sudocrem).....teething gel.....

9) I give consent for my child to go on outings within walking distance of the Nursery.

Yes    No    Signed.....

10) I give consent for my child to go on outings further than walking distance with use of public transport (Please note, when children are in the Big Room, this would be when they would go on public transport)

Yes    No    Signed.....

11) I give consent for a member of staff to clean my child's face and hands with Asda's Little Angels Face Wipes, for sensitive skin.

Yes    No    Signed.....

If No, you must provide an alternative.

12) In the event of my child developing a high temperature, whilst at Nursery, I hereby give permission for an appropriate dose of Calpol to be administered by a Senior member of staff. Refer to Medication Policy(any Calpol that is given will be recorded on the medication sheet and will be signed for by parent/carer)

Yes    No    Signed.....

13) Jewellery disclaimer – only complete if you wish for your child to wear jewellery whilst in Nursery. Jewellery to be worn.....I would like my child to continue to wear jewellery whilst in Nursery and take full responsibility for any accidents caused by the wearing of such jewellery.

Signed..... Date.....