



# Pride & Joy

Family Run Day Nursery - Established 1996

## Spikes Bridge Registration form

It is helpful for key persons or managers to complete this form with the parent(s) when the child starts at the setting.

<b>Child's Details</b>						
Child's first name(s)				Surname		
Name known as						
Child's full address						
Gender		Date of birth		Birth certificate seen?	Yes	No
<b>Family Details</b>						
Name of parent(s)/carer(s) with whom the child lives:						
<b>Contact details 1 (including emergency information):</b>						
Parent/carer full name						
Relationship to child						
Daytime/work telephone				Mobile		
Home telephone			Email			
Home address						

Work address			
Does this parent have parental responsibility for the child?	Yes	No	
Does this parent have legal access to the child?	Yes	No	
<b>Contact details 2 (including emergency information):</b>			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			
Does this parent have parental responsibility for the child?	Yes	No	
Does this parent have legal access to the child?	Yes	No	
<b>Contact details 3 (including emergency information):</b>			
Parent/carer full name			
Relationship to child			
Daytime/work telephone		Mobile	
Home telephone		Email	
Home address			
Work address			
Does this parent have parental responsibility for the child?	Yes	No	
Does this parent have legal access to the child?	Yes	No	
<b>Other person(s) with legal contact</b> - to be completed where those persons with parental responsibility are separated and an S8 Order is in place			
Name			

Address			
Contact telephone numbers			
Relationship to child			
What are the contact arrangements that the setting needs to know about?			
<b>Emergency contact details if parents are not available -</b> Emergency contacts must be local			
<b>Contact 1 - Name</b>			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			
<b>Contact 2 - Name</b>			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			

**Persons other than parent(s) authorised to collect the child -**  
Must be over 16 years of age

<b>Person 1 – Name</b>			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			

<b>Person 2 - Name</b>			
Daytime/work telephone			
Home telephone		Mobile	
Address			
Relationship to child			
Password for the collection of child by authorised person			

### About your child

Has your child received the following immunisations?

(Please confirm and provide date of immunisations given)

<b>Two months old</b>			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Pneumococcal infection.	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
Yes/No (delete)	Date:			
<b>Three months old</b>			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C).	DTaP/IPV/Hib and MenC
Yes/No (delete)	Date:			
<b>Four months old</b>			Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection.	DTaP/IPV/Hib and MenC and PCV
Yes/No (delete)	Date:			
<b>12 months old</b>			Haemophilus influenza type b (Hib) and meningitis C.	Hib/MenC
Yes/No (delete)	Date:			
<b>13 months old</b>			Measles, mumps, and rubella (German measles). Pneumococcal infection.	MMR and PCV
Yes/No (delete)	Date:			

<b>Three years and four months or soon after</b>		Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps, and rubella.	DTaP/IPV (or DTaP/IPV) and MMR	
Yes/No (delete)	Date:			
			Please tick appropriate	
Has the child's health record book been seen to confirm immunisation dates?			Yes	No
Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences?				
If so, please provide details:			Yes	No
Has a risk assessment, if required, been completed?			Yes	No
Has a health care plan and agreement to administer medicine, if required, been completed?			Yes	No
Does your child have any special needs or disabilities?			Yes	No
If so, please provide details:				
Are any of the following in place for the child?				
Early Years Action			Yes	No
Early Years Action Plus			Yes	No
Statement of special educational need			Yes	No
What special support will he/she require in our setting?				
How would you describe your child's ethnicity or cultural background?				

What is the main religion in your family (if applicable)?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/are spoken at home?

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment?

Yes

No

If so, discuss and agree with the key person how we can work together to support your child when settling-in:

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

## Details of professionals involved with your child

### Child's GP

Name

Telephone

Address

### Health Visitor (if applicable)

Name

Telephone

Address

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### Social Care Worker (if applicable)

Name		Telephone	
Address			
What is the reason for the involvement of the social care department with your family?			
<i>NB: If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.</i>			

### Any other professional who has regular contact with the child

<b>Name 1</b>		Role	
Agency		Telephone	
Address			
<b>Name 2</b>		Role	
Agency		Telephone	
Address			
<b>Name 3</b>		Role	
Agency		Telephone	
Address			

### General parental permissions

#### Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary, and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed		Date	
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### For inhaler/Epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or

Anapen (supplied by me) to

(*Name of child*). The named staff are:


Signed		Date	
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### Sun cream

I give permission for staff to administer hypoallergenic sun cream (supplied by me) to

**Name of Child**

when necessary and to record its use.

Signed		Date	
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### Short trip - general outings

Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here:

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**I give permission for  
(Name of Child)**

To take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any major outings, I understand I will be informed, and my specific consent obtained.

Signed		Date	
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### ***Teething gel (babies)***

I give permission for teething gel (supplied by me) to be administered to	
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(Name of child) when necessary - in accordance with manufacturer's instructions - and for staff to record its use.
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<b>Signed</b>		<b>Date</b>	
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### ***Calpol and Sudafed (babies under 1 year only)***

I give permission for staff to administer paracetamol-based products (e.g. Calpol) in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the setting's procedures on the administration of medicines.
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Name of Child	
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<b>Signed</b>		<b>Date</b>	
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### ***Photographs***

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are also used on the nursery's Facebook page to show activities and events the children take part in. We would like to use any image of your child for training, publicity, or marketing purposes and to show activities.

I give permission for (Name of Child)	
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to have her/his photo taken, or to be videoed, as per the above conditions.
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<b>Signed</b>		<b>Date</b>	
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### ***Animals***

We may occasionally have supervised visits of animals to our setting, and we have the following pets on site (please list all):


We will ensure that our pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

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<b>Signed</b>		<b>Date</b>	
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### Key persons - Information for parents

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child.

Your child's key person will be	
Your child's 'back up' person will be:	

Has the settling-in process been agreed? ( Tick as appropriate) If so, detail:	Yes	No

### To be completed by the key person/manager:

Start Date		(Name of provider)	
Days and times of attendance			

Are any fees payable? If so, note here		
<b>Policies and procedures</b> Please sign below to confirm that you have been provided with details of the setting's policies and procedures, including the Information Sharing procedures and understand that there may be circumstances where information is shared with other professionals or agencies without your consent.		
<b>Signed</b>		<b>Date</b>
Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify is of any changes as they arise.		
Parent 1		
<b>Signed</b>		<b>Date</b>
Parent 2		
<b>Signed</b>		<b>Date</b>
Key person		
<b>Signed</b>		<b>Date</b>
Manager		
<b>Signed</b>		<b>Date</b>
Date of first review		



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