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| **Registration Form**  (Mark as confidential) | |
| **Basic Details** |  |
| Childs full name |  |
| Child known as |  |
| Date of Birth |  |
| Gender |  |
| Nationality |  |
| Child’s home address |  |
| 1. Name of parent with whom the child lives |  |
| Does this parent have parental responsibility? | Yes/No (delete) |
| 1. Name of parent with whom the child lives |  |
| Does this parent have parental responsibility? | Yes/No (delete) |
| Address |  |
| Home telephone number |  |
| Mobile number |  |
| Email Address |  |
| Name of parent with whom the child does not live (if applicable) |  |
| Does this parent have parental responsibility? | Yes/No (delete) |
| Does this parent have legal access to the child? | Yes/No (delete) |
| Address |  |
| Home telephone number |  |
| Mobile number |  |
| Email Address |  |
| **Emergency contact details** |  |
| Parent 1 - Work/daytime contact number |  |
| Parent 2 - Work/daytime contact number |  |
| Any other emergency contact number |  |
| 1.Name |  |
| Telephone number |  |
| Mobile telephone number |  |
| 2.Name |  |
| Telephone number |  |
| Mobile telephone number |  |
| **Person authorised to collect the child (must be over 16 years of age)** |  |
| 1.Name |  |
| Telephone number |  |
| Relationship to the child |  |
| 2 Name |  |
| Telephone number |  |
| Relationship to child |  |
| Password for authorised collection |  |
| **Personal details of child** |  |
| What is your child’s ethnic origin? |  |
| What language(s) is/are spoken at home? |  |
| What is your child’s religion? |  |
| 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 at the setting? |  |
| Does your child have any special dietary needs or preferences? | Yes/No (delete) |
| Please tell us the details of any dietary requirements including any allergies, intolerances, religious/cultural/personal preference | Allergies  Intolerance  Religious/ cultural/ personal  (Please delete as appropriate) |
| Does your child have any special educational needs or a disability? | Yes/No (delete) |
| Please tell us the details so that we can support your child in the setting. |  |
| **Names of professionals involved with child** |  |
| 1. Name of professional |  |
| Name of agency and their role |  |
| Telephone number |  |
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| Telephone number |  |
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| Telephone number |  |
| Will you child require additional resources or support before starting at the setting? |  |
| Name of GP |  |
| Address |  |
| Telephone number |  |
| Is your child on any medication?  If yes, please give details | Yes/ No (Delete) |
| Does your child have any birth marks or a Mongolian blue spot?  If yes, please give details | Yes/ No (Delete) |
| What is your child’s normal body temperature? |  |
| Are your child’s immunisations up to date |  |
| Has your child attended their Health and Development Review at age two? | Yes/ No/ NA(Delete) |
| Please give details if any concerns were raised |  |
| Is there an Early Help Assessment in place for your child? | Yes/ No/ (Delete) |
| Please give details of any support you have received  Name of lead professional |  |
| Is your child known to social care? | Yes/ No/ (Delete) |
| Name of social worker |  |
| Email address |  |
| **Details of other childcare settings** | |
| Is your child transferring to us from another childcare setting or childminder? | Yes/ No/ (Delete) |
| If yes, the please provide the following details: |  |
| Name of provider/ childminder |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Are you happy for us to contact the setting to request information on your child to ensure continuity of care? | Yes/ No/ (Delete |
| Does your child currently attend another setting or childminder alongside our setting? | Yes/ No/ (Delete |
| If yes, the please provide the following details |  |
| Name of provider/ childminder |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Are you happy for us to contact the setting to request information on your child to ensure continuity of care? | Yes/ No/ (Delete |

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| Parent 1 |  | Parent 2 |  |
| Key person |  | Manager |  |
| Date |  | Date or first review |  |

GDPR (2018). Buckles and Bows (the ‘Nursery) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Nursery and other information available to the Nursery (‘your information’). In accordance with the GDPR (2018), the Nursery will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Nursery may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance to the Multi Agency Information Sharing Protocol (MAISP). Further details including a copy of the MAISP can be found at [www.surreycc.gov.uk](http://www.surreycc.gov.uk). If you would like to apply for access to the information we hold about you please send a written request to: Administrator, Buckles and Bows Pre-School Nursery, Ongar Hill, Addlestone, Surrey, KT15 1BP.

Please tick to say that you have read and consent to this ☐

**\***I/We wish to guarantee a place at Buckles & Bows Pre-School Nursery from …………………………….(Date) and will make a bank transfer of £50 (£25 admin fee, £25 deposit).

\*I/We wish to go on the waiting list and understand that, if offered, I/we will pay £50 to confirm and guarantee the place.

(\*Delete where applicable)

If we are offered a place which we no longer require, we will inform the pre-school as soon as possible. We understand that the £50 consists of a £25 non-refundable Administration Fee, plus a £25 deposit which is held until the last invoice before my child leaves the Pre-School. Should we cancel the place prior to starting at Buckles and Bows we understand that we will forfeit the full £50 admin fee & deposit. Once our child has started at Buckles and Bows if we fail to give 6 weeks written notice of withdrawing our child, we also understand that we forfeit the £25 deposit.

Please indicate which funding you require: 15 hours ☐ 30 hours ☐ FEET ☐

I/We have read and agree to the GDPR (2018) statement on page 1.

Signature of parent …………………………………………………………… Date……………………

It is our aim to be as cash and cheque free as possible. Our preferred method of payment is on-line. The account details are:

“Buckles & Bows Pre-School Nursery” Sort code: 40-08-43 Account number: 31022083. Please include your child’s name as the reference. Please return form to: Louise Gough at the nursery.