



Copthorne Kinders Day Nursery Crèche Registration form

Child's First Name(s): _____ Surname: _____

Preferred name: _____ Gender (M/F) Date of Birth: _____

Address: _____

Postcode: _____

Ethnicity: _____ Religion: _____ Language spoken at Home: _____

Any Known Allergies or Special Education Needs:

Details of professionals involved with your child:

Doctor name: _____ Surgery: _____

Address: _____

Telephone number: _____

Health Visitor (if known) name: _____

Address: _____

Telephone number: _____

Is your child registered with a Dentist? YES/NO

Are you registered at the Children and Family Centre? YES/NO

Parent/Carer information:

Contacts details 1

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home address (unless different to child's address):

Postcode: _____

Does this parent have parental responsibility for the child? Yes/No

Does this parent have legal access to the child? Yes/No

Email address: _____

Contacts details 2

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home address (unless different to child's address):

Postcode: _____

Does this parent have parental responsibility for the child? Yes/No

Does this parent have legal access to the child? Yes/No

Email address: _____

Emergency Contact detail (must be local)

Parent/Carer full name: _____

Relationship to child: _____

Daytime telephone number: _____ Mobile number: _____

Home Address _____

Postcode: _____

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: _____

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by me or nursery) to _____ (Name of Child) and to record its use.

Calpol and Sudafed

I give permission for staff to administer paracetamol based products (e.g.) Calpol) to _____ (Name of child) in case of a raised temperature 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 medicine.

Signed _____ Date: _____

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 and that you understand the terms and conditions for using the Crèche'.

Parent/Carer 1 _____

Signed: _____ Date: _____

Parent/Carer 2 _____

Signed: _____ Date: _____