



# Copthorne Kinders Day Nursery Registration form

## Child's details

Child's first name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Name known as \_\_\_\_\_

Child's full address \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Birth certificate seen (Staff use) Yes  No

## Family details

Name of parent(s)/carer(s) with whom the child lives: \_\_\_\_\_

### Contact details 1 (including emergency information):

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

### Contact details 2 (including emergency information):

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

**Other person(s) with legal contact** *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 we need to be aware of?

**Emergency contact details if parents are not available** *Emergency contacts must be local.*

Contact 1 - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, staff will check before releasing the child.*

Person 1 – Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Person 2 - Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Daytime/work telephone \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

password for the collection of child by authorised persons \_\_\_\_\_

## About your child

The following information will tell us a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify:

## Health and development

Has your child received the following immunisations? *Please confirm and provide date of immunisations given.*

<b>Two months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Four months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
<b>Three years and four months or soon after</b>	MMR vaccine, second dose – mumps, measles and rubella.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
	4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:

*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes  No

Does your child have any on-going medical conditions? If so, please specify:

If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc:

Does your child require a health care plan? Yes  No

Is your child known to have any allergies or food intolerances? If so, please specify:

*A risk assessment will be completed and kept on the child's file for any known allergies or food intolerance as mentioned above.*

What are your child's dietary requirements? Please specify:

*It is our usual practice to provide both a meat and vegetarian option. If this is not in-keeping with your child's dietary requirements, please discuss this with our setting manager to ensure that we are working in partnership to meet your child's needs. Please refer to our Food and Drink Policy.*

Does your child have any special needs or disabilities? If so, please specify:

Are any of the following in place for the child?

SEN action plan

Education, Health and Care Plan

What special support will he/she require in [our/my] setting?

---

***Two year old progress check – children aged 24 – 36 months***

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes  No

Setting completing check \_\_\_\_\_ Date completed \_\_\_\_\_

As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

### **Cultural background**

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/my] 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     

### **Details of professionals involved with your child**

*GP*  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

*Health Visitor (if applicable)*  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

*Social Care Worker (if applicable)*  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. [We/I] will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.*

*Dentist (if applicable)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Name 1 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name 2 \_\_\_\_\_ Role \_\_\_\_\_

Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name 3 \_\_\_\_\_ 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 manager (or authorised deputy)/name of childminder] for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

*For inhalers/auto-injectors (e.g. Epipens) only*

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

Epipen or Anapen  
(supplied by me) to

(*name of child*).

The named staff are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

Teething gel (babies)

I give permission for teething gel (supplied by me) to be administered to \_\_\_\_\_  
(*name of child*) when necessary - in accordance with manufacturer's instructions - and for staff to record  
its use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

Nappy cream

I give permission for nappy cream (supplied by me) to be administered to \_\_\_\_\_  
(*name of child*) when required, in accordance with manufacturer's instructions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

Paracetamol based medicine (e.g. Calpol or Sudafed)

I give permission for staff to administer paracetamol based products (e.g. Calpol) to  
\_\_\_\_\_ (*name of child*) 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

Suncream

I give permission for staff to administer hypoallergenic suncream (supplied by nursery or me) to  
\_\_\_\_\_ (*name of child*) when necessary and to record its use.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed  
name \_\_\_\_\_

Short trip - general outings

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

Visit to local parks, woodland walks, feeding the ducks and trips to local schools.

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 planned outings, I understand I will be informed and my specific consent obtained.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Photographs

As part of the on-going recording of our curriculum and for children’s online learning individual development records, staff regularly take photographs of the children during their play. Only cameras/iPads supplied by the setting are used for this purpose, photographs taken are used for display and for your child’s records within the setting. We may also record events and activities on video. Photos/videos are stored on the setting’s computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use. Copthorne Kinders uses Facebook to allow parents, children, relatives and prospective families who may come to the nursery to see the different activities children are doing whilst at nursery, please note that children’s faces are not used on our page.

I give permission for the following:

I understand that photos or videos will be used for my child’s online learning journal. YES/NO

I understand that photos and my child's name will be used for displays, birthday board and their draw and staff, visitors, other parents and prospective families will be able to see these. YES/NO

I understand that photos are used for Facebook and I aware that my child’s face will not be used. YES/NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**Policies and procedures**

I understand that I will read Copthorne Kinders policies and procedures either on their website or a paper copy which is at the nursery. I understand that there may be circumstances where information is shared with other professionals or agencies without my consent for the welfare of my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_



By signing this registration form **electronically** you are indicating that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise.

Parent name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

These forms will be stored electronically on our system which is password protected and will be retained until 3 years after your child leaves our setting.