



Child registration form

please attach
passport sized
photos of your child
and the people who
will collect your child
from nursery

Personal details

Child's full name

Sex

Child's date of birth

Home address

.....

.....

..... postcode

Position in family

Hair colour Eye colour

Religion Ethnic origin.....

Nationality Language(s) spoken at home...

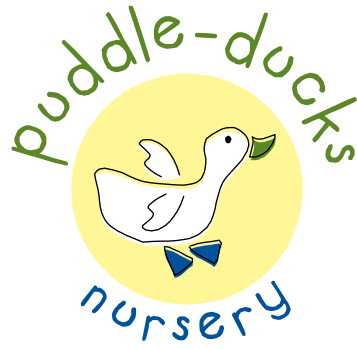
.....

Details of any disabilities / special needs

.....

.....

.....



About your family:

Mother/carer

Title

First nameSurname

Password

Home address.....

.....

.....postcode

Home Tele

Mobile

Home email

Work address

.....

..... postcode

Work Tele

Work email.....

Hours and days worked

.....

.....

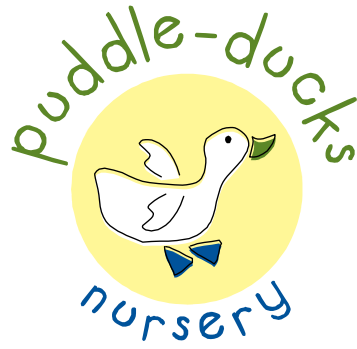
Responsibilities (please tick those that apply)

Parental responsibility

Collect child from nursery

Payment of fees

Contact in emergency



Father/carer

Title

First namesurname

Password

Home address.....
.....
.....postcode

Home Tel

Mobile

Home email

Work address

.....
..... postcode

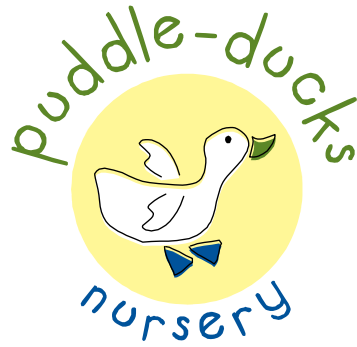
Work Tel

Work email.....

Hours and days worked
.....
.....

Responsibilities (please tick those that apply)

- Parental responsibility
- Collect child from nursery
- Payment of fees
- Contact in emergency



Other contacts

Contact 1

First namesurname

Relationship to child

Address.....

.....

..... postcode

Tel

Mobile

Password

Responsibilities (please tick those that apply)

collect child from nursery contact in emergency

Contact 2

First namesurname

Relationship to child

Address.....

.....

..... postcode

Tel

Mobile

Password

Responsibilities (please tick those that apply)

Collect child from nursery contact in emergency



Medical details

Allergies

Does your child have any allergies? yes / no

If yes, please give details of the cause and the reactions

.....
.....
.....

Dietary requirements

Does your child have any special dietary requirements? yes / no

If yes, please give details

.....
.....
.....

Milk

What type of milk is your child currently on? (cows milk/formula milk/breast milk)

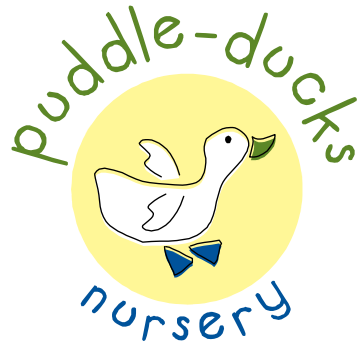
.....
.....

Medical conditions

Does your child have any current medical conditions or needs? yes / no

If yes, please give details

.....
.....
.....



Immunisations

Has your child had any of the following immunisations? (please tick and **give date** of immunisation)

bcg	<input type="checkbox"/>	meningitis c	<input type="checkbox"/>
diphtheria	<input type="checkbox"/>	poliomyelitis	<input type="checkbox"/>
hib	<input type="checkbox"/>	tetanus	<input type="checkbox"/>
mmr	<input type="checkbox"/>	whooping cough	<input type="checkbox"/>

Medical contacts:

Doctor's details

Name of GP

Name of surgery

Address

.....

..... postcode

Tel

Health visitor's details

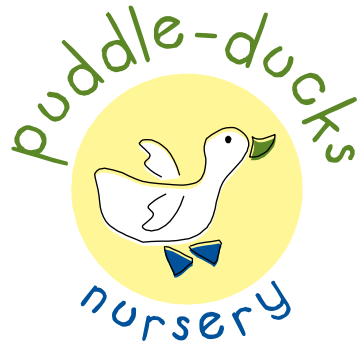
Name

Address

.....

..... postcode

Tel



Other agency details

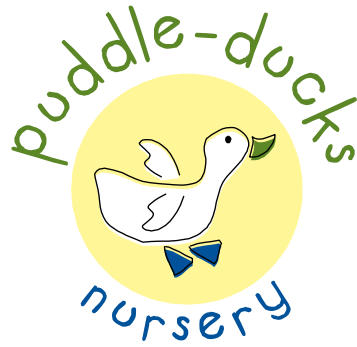
Name

Address

.....

..... postcode

tel

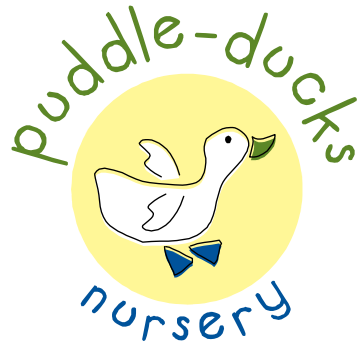


Sessions requested

preferred start date

All children are required to do a minimum of 2 full days at Puddle-ducks. For children eligible for government funding (term after third birthday) children will need to attend 3 full days to receive funding at Puddle-ducks.

	Mon	Tues	Wed	Thurs	Fri
Full day 07:30-19:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals					
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Agreement

I/We confirm that the information disclosed is true and accurate. Any changes to the information given will be disclosed to Puddle-ducks prior to a contract for the nursery services being signed by myself/us. I/We agree to Puddle-ducks registering my child for a place at the nursery for which a non refundable registration fee of £35 is enclosed.
(Please note registration will not be undertaken unless payment is received)

signed date

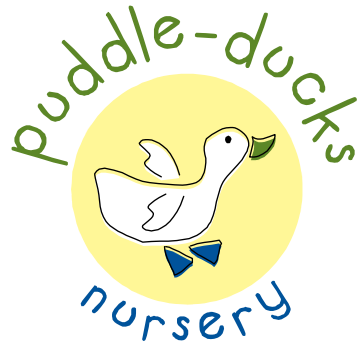
print name

relationship to child

signed.....date.....

print name

relationship to child



office use only

input onto first steps (please tick when complete) on (date)

input by

position

actual start date

room

key worker

permission slips received

nursery trips agree / disagree emergency medication agree / disagree

photographs agree / disagree



monitoring form

take up/usage

- 1 – 15 hours per week
- 16 – 30 hours per week
- 31 – 50 hours per week

work / training

- children in lone parent family
- a parent working full time (35 hours +)
- a parent now working more than 16 hours
- a parent now working less than 16 hours
- a parent now in higher/further education
- a parent taking skills for life or step into learning
- parent(s) are not working/training

financial support

- parents access ctc
- parents access wtc
- parents access lsc/he childcare access fund support
- parents access care 2 learn support
- place sponsored by sure start local programme
- place sponsored by european funding
- place sponsored by regeneration scheme e.g. srb
- financial support from employer
- receipt of 3 and 4 year old funding

additional needs

- cognition and learning difficulty
- behaviour, emotional and social development needs
- communication and interaction needs
- sensory and/or physical needs
- other / combination of needs

ethnic origin

<input type="checkbox"/>	white	<input type="checkbox"/>
<input type="checkbox"/>	british	<input type="checkbox"/>
<input type="checkbox"/>	irish	<input type="checkbox"/>
<input type="checkbox"/>	traveller	<input type="checkbox"/>
<input type="checkbox"/>	other	<input type="checkbox"/>
<input type="checkbox"/>	mixed	<input type="checkbox"/>
<input type="checkbox"/>	white and black caribbean	<input type="checkbox"/>
<input type="checkbox"/>	white and black african	<input type="checkbox"/>
<input type="checkbox"/>	white and asian	<input type="checkbox"/>
<input type="checkbox"/>	other	<input type="checkbox"/>
<input type="checkbox"/>	asian or asian british	<input type="checkbox"/>
<input type="checkbox"/>	indian	<input type="checkbox"/>
<input type="checkbox"/>	pakistani	<input type="checkbox"/>
<input type="checkbox"/>	bangladeshi	<input type="checkbox"/>
<input type="checkbox"/>	kashmiri	<input type="checkbox"/>
<input type="checkbox"/>	other	<input type="checkbox"/>
<input type="checkbox"/>	black or black british	<input type="checkbox"/>
<input type="checkbox"/>	caribbean	<input type="checkbox"/>
<input type="checkbox"/>	african	<input type="checkbox"/>
<input type="checkbox"/>	other	<input type="checkbox"/>
<input type="checkbox"/>	chinese	<input type="checkbox"/>
<input type="checkbox"/>	chinese	<input type="checkbox"/>
<input type="checkbox"/>	other	<input type="checkbox"/>
<input type="checkbox"/>	other	<input type="checkbox"/>
<input type="checkbox"/>	other ethnic group	<input type="checkbox"/>