



Child Registration Form

Full legal name of child: _____	Childs preferred name: _____
Address: Postcode:	Date of Birth: Email:
Contact Names & Tel Numbers: (It is important for you to please provide us with as many contact details as possible in case of emergencies)	
1. Name: Number:	3. Name Number:
2. Name: Number:	Work 1: Name: : Number:
Work 2: Name: Number:	
Names of Parents/Guardians: _____ _____	Do the named have legal parental responsibility? Yes / No
Names of persons authorised to collect child: _____ _____	Does your child have any special dietary requirements? Yes / No If Yes please provide details below:
Any Additional Information you might wish to share:	Does your child attend another setting or child-minder? Yes / No If Yes please provide details below: Can we contact this other provider in connection with the care we provide for your child? Yes / No

Booking Details

Start Date:

(Please indicate child start date and sessions you require per week day i.e. week 1 full day, half day am, half day pm)

	Mon	Tues	Wed	Thurs.	Fri
Full Day					
Half Day AM					
Half Day PM					

Birth certificate seen: Yes / No **Parental responsibility confirmed:** Yes / No

Parent/Guardian Signature: _____

Full Name: _____

Date: _____



Medical and Health Profession Information

<p>Name/Address of Doctor/Surgery</p> <p>Tel:</p>	<p>Name of Health visitor:</p> <p>Contact number:</p> <p>Can we contact any health professionals in connection with the care we provide for your child?</p> <p>Yes / No</p>
<p>Childs immunisation records: (Please transfer from your child's red book)</p>	<p>Does your child have any Medical Conditions/Allergies? Yes / No</p> <p><i>(If Yes please provide details below)</i></p> <p>Please highlight if your child uses an epi-pen, inhaler or insulin</p>
<p>Please provide us with any details of professionals or agencies involved with your family: (please leave name and contact details)</p> <p>Social Worker: _____ Physiotherapist: _____</p> <p>Children's Centre Family Outreach Worker: _____ Occupational Therapist: _____</p> <p>Children's Disability Health Visitor: _____ Children's Community Nursing Team</p> <p>Pediatrician: _____ Other: _____</p> <p>Speech and Language Therapist: _____</p>	
<p>Please provide any additional Information regarding medical procedures prohibited by religion/beliefs etc.</p>	
<p>Does your child have any special requirements? (If Yes please provide details below)</p> <p>Yes / No</p>	



Child Consent Form

EMERGENCY TREATMENT CONSENT

In an emergency I give permission for the above named child to receive emergency treatment and advice to be sought after and given, if I cannot be reached before treatment, I will be notified as soon as possible after the event.

Yes / No

MEDICINE ADMINISTRATION CONSENT

I give permission for Smiles Day Nursery to administer medication (listed below) to the above named child if I cannot be reached, I will be notified as soon as possible.

Calpol: **Yes / No**

Piriton: **Yes / No**

Nurofen: **Yes / No**

Other: (teething gel/granules etc) **Yes / No**

TRANSPORT AGREEMENT

I give permission for the above named child to be transported during trips/outings with staff of Smiles Day Nursery for the enjoyment/inclusion of child development and entrust the safety of the child during these events to staff members having been given prior information of event and permission for child participation.

Yes / No

I also give Permission for above named child to be transported during trips/outings via our Minibus with staff of Smiles Day Nursery for the enjoyment/inclusion of child development and entrust the safety of the child during these events to staff members having been given prior information of event and permission for child participation.

Yes / No

OBSERVATIONS/NURSERY PUBLICITY

I understand that ongoing observations will be undertaken of the above named child, to follow and assess their development, in order to support any nursery staff working towards any qualifications. These may be in the form of written statements, photographs/video or tape recordings.

Yes / No

Photographic images will from time to time be used to promote Smiles Day Nursery on flyers, banners, Facebook or our website.

Yes / No

INDOOR AND OUTDOOR PLAY EQUIPMENT

I agree for the above named child to use indoor and outdoor play equipment during their day to day activities whilst in the care of at Smiles Day Nursery (when accompanied by a staff member).

Yes / No

SUN PROTECTION APPLICATION

I agree for sun protection cream to be applied to the above child by a member of staff at Smiles Day Nursery.

Yes / No

I agree for Creams (Such as Metanium, Bepanthen, Sudocrem, Moisturiser, Eczema creams etc.) to be applied to the above child by a member of staff at Smiles Day Nursery

Yes / No



Photo Sharing Permission

At Smiles, we love to take photos of your children making friends, developing their social skills and playing with other children. Often, these interactions make excellent observations for your child's Tapestry Learning Journal. However, photos including multiple children are not available for parents to view on Tapestry to prevent parents from seeing photos of children who are not their own.

We would like to request your permission to add photos of your child playing with others to their Tapestry Learning Journal. This would mean that the photos included in your child's Learning Journal would display multiple children and the parents of each child in the photograph would all see the same picture.

We also ask that, if you agree to Smiles Day Nursery sharing images including your child on Tapestry, that in the best interests of all children at the nursery, you do not share these images publically or on any form of social media.

We would also like to ask if you would allow us to use photographs taken of your child for promotional materials for Smiles Day Nursery, such as posters/leaflets or for use on our website or Facebook page.

We thank you for your consideration on this matter. Please return the slip below as soon as possible.

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Name of child:

- I give permission** for photos of my child playing with other children to be shared on their Tapestry Learning Journal and I agree to keep these photos for **personal use only**. I understand that photos of multiple children, which include my child, will also appear on the Learning Journals of those he/she is playing with.
- OR
- I do not give permission** for photos of my child playing with others to be shared on Tapestry.
- I give permission** to Smiles Day Nursery to use photos of my child for promotional purposes, including use on but not exclusive to: leaflets, banners, Smiles website and Facebook page.

Signed:

Date: