

## Davidson Roberts Ltd Registration Form

### Child's Details

Full name					
Known as					
Date of Birth					
Home Address (including postcode)					
Language spoken at home					
Religion	Please include any information about religious or cultural festivals your child celebrates.				
Ethnicity	Please circle appropriate category below:				
White British	<b>WBRI</b>	White/Black Caribbean	<b>MWBC</b>	Indian	<b>AIND</b>
White Irish	<b>WIRI</b>	White/Black African	<b>MWBA</b>	Pakistani	<b>APKN</b>
Traveller of Irish Heritage	<b>WIRT</b>	White and Asian	<b>MWAS</b>	Bangladeshi	<b>ABAN</b>
Gypsy/Roma	<b>WROM</b>	Any other mixed background	<b>MOTH</b>	Any other Asian background	<b>AOTH</b>
Any other White background	<b>WOTH</b>	Black Caribbean	<b>BCRB</b>	Chinese	<b>CHNE</b>
Refuse to provide	<b>REFU</b>	Black African	<b>BAFR</b>	Any other background	<b>OOTH</b>
Info not obtained	<b>NOBT</b>	Any other Black background	<b>BOTH</b>		

Preferred Start date					
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**Parent/Carer Details, please complete in order of preference you wish to be contacted and please indicate who your child normally lives with.**

Parents/carers Name 1		Parents/carers Name 2	
Relationship to child		Relationship to child	
Home tel. number		Home tel. number	
Date of Birth		Date of Birth	
Mobile number		Mobile number	
Work tel. number		Work tel. number	
Workplace		Workplace	
Occupation		Occupation	
Hours of work		Hours of work	

Email address		Email address	
National Insurance or NASS Number		National Insurance OR NASS Number	
We may occasionally contact you via email for marketing purposes. If you do NOT wish to receive these emails, please tick the box. (We will never pass your details to a third party).		We may occasionally contact you via email for marketing purposes. If you do NOT wish to receive these emails, please tick the box. (We will never pass your details to a third party).	

Please write below the full names of those who have **parental** responsibility for the child.

\_\_\_\_\_

If applicable, please write below the full names of those have **legal** contact with the child.

\_\_\_\_\_

#### Emergency Contact Details

**NB. This must be someone other than the main carers. We will always attempt to contact main carers first but it is essential that we have another person to contact in an emergency.**

Name		Name	
Known to child as		Known to child as	
Relationship to child		Relationship to child	
Address		Address	
Mobile number		Mobile number	
2nd contact number		2nd contact number	

Please provide a password to be used in case anyone other than the main carer is to collect your child.

Collection Password: \_\_\_\_\_

Please tick the sessions you would like to register your child for.

	AM 8.00-13.00pm	PM 13.00-18.00pm	Full day 8.00-18.00pm	Other (please specify from fee list)
Monday				
Tuesday				
Wednesday				
Thursday				

Friday				
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**Medical Information**

Name of doctor	
Name of surgery	
Doctor's telephone number	
Name of Health Visitor	
Is your child on any permanent medication?	Yes <span style="float: right;">No</span>
If yes, please give the name of the medication and the reason it is needed. (If the medication will need to be administered at nursery, we will need you to fill in a medication form each day. Please speak to one of the team about this).	
Does your child have any allergies or food intolerances?	Yes <span style="float: right;">No</span>
If yes, please give details of the allergy and treatment required.	
Please give details of any specific dietary requirements that your child has (aside from allergies/intolerances detailed above)?	
Does your child have any other medical or additional needs that we need to be aware of whilst they are attending nursery?	Yes <span style="float: right;">No</span>
If yes, please give as much detail as possible (continue on a separate sheet if necessary).	
Does your child have a birthmark or any distinguishing marks? Please describe including location, size and colour.	

Is your child up to date with all age recommended immunisations?	Yes <input type="checkbox"/> <span style="float: right;">No</span>
If no, please state any exceptions and why:	<input type="checkbox"/>
	Signed: <span style="float: right;">Date:</span>

**Immunisations**

### Emergency Treatment

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment in the case of an emergency whilst they are at nursery or on an authorised outing, please complete and sign the form below.

Full name of child	Date of birth
Name of Parent/guardian	
1.	2.

Please give details of any emergency medical procedures that are prohibited for family, cultural or religious reasons?

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### Declaration for Emergencies (Please complete and sign)

I agree to the registered person at this setting (or other authorised staff) to take the necessary steps to ensure that my child \_\_\_\_\_ (name of child) receives the best and most appropriate care, attention, and treatment should there be an emergency or accident in the provision or while my child is on an authorised outing. I understand that the registered person (or other authorised staff) will make every effort to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child \_\_\_\_\_ (*name of child*) to hospital in the case of a serious accident in my absence. I give my permission for the registered person in charge (or other authorised staff) to authorise hospital staff to administer essential treatment until my arrival.

Signed by parent / guardian	
1.	2.
Date:	Date:

If you do not agree with any or all of the above declaration, please do not sign it but please add your views to a separate sheet of paper and sign the form below. The registered person in charge at the setting will then discuss this with you and do their best to accommodate your particular wishes. **I do not agree with the declaration and have supplied a copy of the procedure I would like to be followed.**

Signed by parent / guardian	
1.	2.
Date:	Date:

Would you like to receive your monthly invoice via email or a printed copy?	Email:	Printed copy:
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### Additional Information

Has an Education, Health and Care (EHC) assessment or Early Help Assessment (EHA) been completed for your child?	Yes	No
Are any other services involved with your child/family? I.e. Social worker, paediatrician etc.	Yes	No
Is there any information regarding the above that we need to know in order to care for your children. (Please give details here and continue on a separate sheet if necessary)	If yes, please give the following information: Contact Name: Job title: Contact number:	

**Permission - Please delete each section to reflect your wishes and sign each one.**

<b>Head lice</b> Please indicate whether you are happy for staff to check your child's hair if it is deemed necessary.	<b>I *do/do not give permission for staff to check your child's hair if head lice are suspected.</b>  <b>Signed:</b>
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<p><b>Photography</b> We like to take photographs of the children doing various activities. These are to be used within the setting on displays or in the child's development file.</p> <p>Occasionally these photographs may be used in promotional literature, newspapers and on the website/ company Facebook.</p>	<p>I <b>*do/do not give permission for photographs to be taken of my child and for them to be used in this manner.</b></p> <p>Signed:</p> <p>I <b>*do/do not give permission for photographs to be taken of my child and for them to be used in this manner.</b></p> <p>Signed:</p>
<p><b>Sun Cream</b> When it is hot, it is essential that the children wear sunscreen to prevent them from burning. We will provide a reputable, water resistant brand with a factor of 40+ or you may provide your own (this must be labelled). We require your permission to apply sunscreen to your child whether it is provided by yourself or us.</p>	<p>I <b>do/do not give permission for sunscreen to be applied to my child.</b></p> <p>I <b>do/do not give permission to use the nursery's sunscreen.</b></p> <p>I <b>will/will not be providing sunscreen.</b></p> <p>Signed:</p>
<p><b>Face Paint</b> There may be occasions where your child will be given the opportunity to have their faces painted (e.g. Halloween). Due to the ingredients in face paints, we need to ask you to give us permission for their use.</p>	<p>I <b>*do/do not give permission for face paints to be used on my child.</b></p> <p>Signed:</p>
<p><b>Plasters</b> Please inform us if your child is allergic to plasters in the allergies section on this form.</p>	<p>I <b>*do/do not give permission for the club to use plasters on my child as needed.</b></p> <p>Signed:</p>
<p><b>Outings</b> Weather permitting; we like to take the children out for walks, as well as walking them to and from different buildings on site. We always ensure staff ratios are maintained and that a qualified first aider is present along with a first aid kit and telephone.</p>	<p>I <b>*do/do not give permission for my child to be taken for walks.</b></p> <p>Signed:</p>

<p><b>Nappy Cream</b> In relation to our intimate care policy and to maintain good practice our nursery requires your permission to apply nappy cream to your child if they are sore during a nappy change</p>	<p>I <b>*do/do not give permission for nappy cream to be applied to my child's nappy area.</b></p> <p><b>Signed:</b></p> <p><b>NB</b> You are required to provide your child's nappy cream. All nappy cream must be labelled with your child's name. Cream is applied using vinyl latex free gloves.</p>
<p><b>Microwave Heating</b> (mainly for under two years) We are sure you appreciate it is very difficult to keep your child's food warm if they are asleep or tired during lunch or tea. Following the Environmental guidelines we cover and refrigerate once cooled. All food is reheated to over 75oc or above.</p>	<p>I <b>*do/do not give permission for food to be reheated if necessary at mealtimes.</b></p> <p><b>Signed:</b></p>
<p><b>Medication</b> Permission will be sought over the phone prior to any emergency medication being administered. Emergency medication will only be given to your child if they have a temperature (38+) or are uncomfortable. NB We will attempt to bring down their temperature naturally by removing layers of clothing, wet flannels, drink of water etc.</p>	<p>I <b>*allow/do not allow nursery to administer non-prescribed medicine (Calpol or paracetamol based medication) to my child if *he/she becomes unwell whilst attending nursery.</b></p> <p><b>Signed:</b></p>

**Safeguarding**

The children are our main priority and as such, we have a duty to report suspected child abuse and neglect. If we have concerns, we will follow the guidance issued by the LSCB (Local Safeguarding Children Boards) which also forms part of our safeguarding policy. Our safeguarding policy is available to read at any time. Please ask a member of staff for a copy if you wish to read it.

**Privacy Notice - Data Protection Act 1998**

We are the Data Controller for the purposes of the Data Protection Act. We collect information from you, and may receive information about you from other settings your child may have attended/maybe attending. We hold this personal data and use it to support your child's teaching and learning and to monitor and report on your child's progress. This information includes your contact details, your child's Early Years Foundation Stage assessments, characteristics such as ethnic group, special educational needs and any relevant medical or social care information.

**Please see our Data Protection policy.**

We will not give information about you to anyone outside of this setting without your consent unless the law and our policies permit it. We are required by law to pass some of your information to the Local Authority (LA) and the Department for Education (DfE).

If you want to see a copy of the information, we hold and share about you and your child, including your child's development records, then please see your child's Key Worker. Please sign to say you have understood the above statement.

Signed.....

