

# REGISTRATION FORM

Please write clearly as this form may be photocopied. **All** fields are required.

## CHILD DETAILS

First Name: .....	Gender: .....
Last Name: .....	Date of Birth: .....
Known as: .....	Nationality: .....
Language: .....	

## PARENT / CARER DETAILS

Name: .....	Home Tel: .....
Relationship to child: .....	Work Tel: .....
Address: .....	Mobile Tel: .....
	Email: .....
Postcode: .....	

Name: .....	Home Tel: .....
Relationship to child: .....	Work Tel: .....
Address: .....	Mobile Tel: .....
	Email: .....
Postcode: .....	

## SIBLINGS

Name	Date of Birth	Has the child attended Little Learners? When?



## EMERGENCY CONTACT DETAILS

This must be a non-parent who will only be contacted if either parent/carer cannot be reached.

Contact Name: .....	Home Tel: .....
Address: .....	Work Tel: .....
.....	Mobile Tel: .....
Postcode: .....	Email: .....

## PLACEMENT REQUESTED

Please state exact times required for each day of the week.

Monday	Tuesday	Wednesday	Thursday	Friday

Date you would like your child to start attending Little Learners Day Nursery:

Do you wish your child to attend during school holidays:

## WHO WILL BE ALLOWED TO COLLECT YOUR CHILD?

Please tick where applicable

Mother       Father       Other:

*Your child will not be released to any other person without prior notification from the registered parent/carer.  
(See late and non-collection policy for further details)*

Name: .....

Contact No: .....

Relationship: .....

## CHILD'S DOCTOR

Name: .....

Practice: .....

Contact No: .....

## CHILD'S HEALTH VISITOR

Name: .....

Practice: .....

Contact No: .....

## MEDICAL CONDITIONS

Does your child suffer from any of the following medical conditions:

- Asthma       Eczema       Diabetes       Epilepsy  
 Development Problems (i.e. speech)       Other - please specify:

If yes, please specify if your child requires any medication:

## ALLERGIES

Does your child have any allergies:  Yes       No

What causes the allergic reaction? (Specify which food, medication, animal, seasonal, etc.):

What reaction does your child have:

What medication needs to be administered (e.g. Epipen), or does any action need to be taken:

## VACCINATIONS

Is your child up to date with his/her vaccinations:  Yes       No

Date of the last tetanus (DTP) vaccination:

## DIETARY REQUIREMENTS

Does your child have any special dietary requirements:  Yes       No

If yes, please provide details:

## ADDITIONAL MEDICAL INFORMATION

Any other information that you feel we should be made aware of.



## PERMISSION

Please delete as necessary

I hereby **GIVE / DO NOT GIVE** permission for photographs of my child to be displayed at the nursery.

I hereby **GIVE / DO NOT GIVE** permission for photographs of my child to be displayed on the nursery Facebook page.

I hereby **GIVE / DO NOT GIVE** permission for photographs of my child to be displayed in the local newspaper.

I hereby **GIVE / DO NOT GIVE** permission for photographs of my child to be displayed at exhibitions & events such as the Eisteddfod, etc.

I hereby **GIVE / DO NOT GIVE** permission for my child to be included in a group photograph with other children which will be sent home to parents / guardians.

I hereby **GIVE / DO NOT GIVE** permission for photographs of my child to be used in Little Learners Day Nursery promotional material.

I hereby **GIVE / DO NOT GIVE** permission for Little Learners Day Nursery staff to administer the recommended dose of Paracetamol suspension to my child should he/she be in pain or have a high temperature whilst in their care.

I hereby **GIVE / DO NOT GIVE** permission to apply sun cream to my child in the event of hot, sunny weather.

I hereby **GIVE / DO NOT GIVE** permission to cut my child's nails in the event of them becoming sharp and dangerous whilst at the nursery

I hereby **GIVE / DO NOT GIVE** permission for nursery staff to wash my child in the event of all-over soiling, sickness, etc.

I hereby **GIVE / DO NOT GIVE** permission for nursery staff to apply a plaster to my child's skin.

I hereby **GIVE / DO NOT GIVE** permission for nursery staff to apply nappy cream to my child's skin.

I hereby **GIVE / DO NOT GIVE** permission for nursery staff to apply teething gel to my child's gums.

I hereby **GIVE / DO NOT GIVE** permission for my child to have their face painted.

I hereby **GIVE / DO NOT GIVE** permission for a member of staff, when necessary to help my child clean themselves after using the toilet.

## TERMS & CONDITIONS

Your child is entitled to 15 hours a week free during school term time only. All periods of absence from the nursery must be accounted for. Your child must not be dropped off to Little Learners earlier than their agreed start time or picked up later than their agreed finish time. Late collection of your child will incur a fee of £15 plus £10 per 30 mins (see late and non-collection policy for further details.) You will be invoiced for any charges incurred. If at any time a child's behaviour is identified as being a danger to themselves or others, parents will be notified and outside help will be sort. If a solution cannot be found Little Learners Day Nursery has the right to terminate the child's place without notice. Little Learners Day Nursery does maintain all insurance required by law. **Data protection:** Our Privacy notice is provided in your starter pack and displayed in the entrance hall. All policies in the Little Learners Day Nursery parents handbook form part of this contract. A copy of the parents handbook is displayed in the entrance hall or available to download from our website: [www.littlelearners.biz](http://www.littlelearners.biz)

## DECLARATION

I hereby acknowledge I have read and agree to the Little Learners Day Nursery Terms & Conditions and confirm that the above permission has been given by myself the undersigned.

Parent / Carer Signature: ..... Date: .....

# TRIPS & OUTINGS

In order to support our curriculum we may from time to time take the children out of the Little Learners Day Nursery premises on an outing or trip. In order that we do not have to keep giving out consent forms for every trip please sign the general consent form below. Some trips will require extra help from adults, of which you will be informed. No child will be allowed out of the building unless a member of staff accompanies him or her. Please note that all staff have been police checked.

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## CONSENT FORM FOR TRIPS & OUTINGS

I agree to my child ..... taking part in outings and trips organised by Little Learners Day Nursery and give permission for my child to be taken out of the Little Learners Day Nursery premises accompanied by a member of staff.

Parent / Carer Signature: .....

Print Name: ..... Date: .....

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# EMERGENCY TREATMENT

I hereby give permission for my child ..... to be given emergency treatment (first aid and CPR) by a qualified staff member of Little Learners Day Nursery.

I also give my permission for my child to be transported by ambulance or staff car to the accident and emergency department for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed doctor/surgeon or hospital when deemed immediately necessary or advisable by the doctor/surgeon to safeguard my child's health.

In case of emergency and if emergency transportation is needed, I agree to pay all costs of transportation.

Parent / Carer Signature: .....

Print Name: ..... Date: .....