**Little Acorns Registration Form**

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| --- | --- | --- |
| Child’s name:  | Childs DOB: | Male/FemaleNon Gendered |
| Address and postcode: | Please state who is responsible for this child:  |
| Childs religion: | Country of birth:  |
| Childs ethnic group: | Main language spoken at home: |

|  |  |
| --- | --- |
| Parent/carer 1: | DOB: |
| Mobile number: | Relationship to child: |
| Work number: | Email address: |
| Address: (if different from childs) |
| Occupation: NI number: |

|  |  |
| --- | --- |
| Parent/carer 2: | DOB: |
| Mobile number: | Relationship to child: |
| Work number: | Email address: |
| Address: (if different from childs) |
| Occupation: NI number: |

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| --- | --- | --- | --- | --- | --- |
| **Attendance** | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Full day |  |  |  |  |  |
| Start date 1st Visit 2nd Visit |

Term time: Yes/No

Government funded (please circle) 2 year funded 3-4 year funded 30 hour funded

Please provide your 30 hour code if you have it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have the 2 year funding please provide your letter from the local authority

**People authorised to collect your child from nursery**

|  |  |  |
| --- | --- | --- |
| Name: | Relationship to child: | Contact number:  |
|  |  |  |
|  |  |  |
|  |  |  |

**Password:**

|  |  |
| --- | --- |
| Please state the name and DOB for any siblings: |  |

|  |  |
| --- | --- |
| Doctors name: | Doctors address: |
| Telephone number: | Health visitor:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does your child have any medical conditions/disabilities? | Yes/No | Does your child take regular medication? | Yes/No |
| If yes to any please supply details: |

|  |  |
| --- | --- |
| Does your child have any allergies? | Yes/No |
| If yes please supply details: |
| Does your child have any dietary requirements? | Yes/No |
| If yes please supply details:  |

**Consent and permissions**

|  |  |
| --- | --- |
| Do you give permission for staff to photograph/video your child? | Yes/no |
| Do you give permission for photos of your child to be used on our website and/or Facebook? | Yes/no |
| Do you give the staff permission to administer first aid/life vac? | Yes/no |
| Do you consent to the use of plasters? | Yes/no |
| Do you give consent for us to seek advice/take your child to A&E in an emergency? | Yes/no |
| Do you give permission for your child to be taken on outings? | Yes/no |
| Do you give permission for your child to have nappy cream (sudocream applied) if they were to get a sore bottom? | Yes/no |
| Do you give permission for staff to administer calpol when your child has a temperature of over 37.5 or above? | Yes/no |
| Do you give permission for sun cream to be applied to your child? | Yes/no |
| Do you consent to the nursery sharing information on your child to other professionals/agencies when appropriate? | Yes/no |
| Has your child had their 2 year check with the health visitor? | Yes/no |
| Does your child attend any other nursery/pre-school? | Yes/no |

**Your signature indicates that you are happy with the information provided on this form and that you agree and understand the nursery’s terms and conditions which can be found on our website.**

|  |
| --- |
| Parent/carer signature: |
| Name: (block capitals) |
| Date: |