

Child Registration Form
Ladybird Nurseries

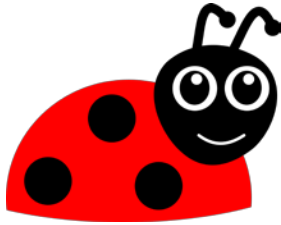
| | | | |
|--------------------------|-----------|-----------------|--------------------------------------|
| Child's Full Name | : _____ : | | Start Date: ____/____/____ |
| Known as ... | | Date of Birth | ____/____/____ |
| Sex | Boy | Girl | Religion |
| | | Ethnicity | |
| First Language | | Other Languages | |

| | | | |
|--------------------------------------|-----|------------|--|
| Parent / 1st Carer | | | |
| Full Name | | | |
| National Insurance No | | | |
| Address | | Tel No: | |
| Town | | Extn No: | |
| Post Code | | Mobile No: | |
| Email Address | | Work No: | |
| Place of Work | | Job Title: | |
| Work Address | | Dept: | |
| Town | | | |
| Post Code | | | |
| Able to Collect Child | YES | NO | |
| Parent / 2nd Carer | | | |
| Full Name | | | |
| National Insurance No | | | |
| Address | | Tel No: | |
| Town | | Extn No: | |
| Post Code | | Mobile No: | |
| Email Address | | Work No: | |
| Place of Work | | Job Title: | |
| Work Address | | Dept: | |
| Town | | | |
| Post Code | | | |
| Able to Collect Child | YES | NO | |



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| | | | |
|--|---------------------|----------------------|----------------------------|
| Emergency Contacts other than Parent or Carer | | Please give Details: | |
| Do any other individuals have Legal contact arrangements with the child? | No | YES | |
| Emergency Contacts | Contact No 1 | | Contact No 2 |
| Full Name | | | |
| Relationship to Child | | | |
| Address | | | |
| Tel: | | | |
| Mobile: | | | |
| Password for Child | | | |
| As security is of the utmost importance we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password. | | | |
| Medical Details | | | |
| Doctor's Name | | | Tel: |
| Surgery Name | | | |
| Health Visitor's Name | | | Tel: |
| Address | | | |
| Town | | | |
| Post Code | | | |
| Does your child have a Personal Child Health Record book (Red Book)? If yes, please bring to induction visit. | | | |
| | | | |
| Are there any other services involved with the child or family? | | | |
| Family Nurse | YES | NO | Date Involvement commenced |
| Name Contact Info Tel: | | | ___/___/___ |
| Social Worker | YES | NO | Date Involvement commenced |
| Name Contact Info Tel: | | | ___/___/___ |
| Speech & Language | YES | NO | Date Involvement commenced |
| Name Contact Info Tel: | | | ___/___/___ |



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| | | | |
|--|-----|----|----------------------------|
| CAHMS Child and Adolescent Mental Health Services | YES | NO | Date Involvement commenced |
| Name: Contact Info Tel: | | | ___/___/___ |
| Path Finder's Team | YES | NO | Date Involvement commenced |
| Name Contact Info Tel: | | | ___/___/___ |
| Any Other Service | YES | NO | Date Involvement commenced |
| Name Contact Info Tel: | | | ___/___/___ |

| | | | | | |
|---|-----|----|----------------|-----|----|
| Immunisations – Please Tick If Your Child Has Been Vaccinated Against the Following: | | | | | |
| Diphtheria | YES | NO | Tetanus | YES | NO |
| HIB | YES | NO | Mumps | YES | NO |
| Measles | YES | NO | Rubella | YES | NO |
| Polio | YES | NO | Whooping Cough | YES | NO |
| Details of any other Vaccinations: | | | | | |
| Has Your Child Had Any Infectious Diseases? If YES, please give details. | | | YES | NO | |

| | | |
|--|-----|----|
| Has Your Child Any Food Allergies or Special Dietary Requirements? | YES | NO |
| Please Give Details: | | |
| Are There Any Foods You Do Not Want Your Child to Have? | YES | NO |
| Please Give Details: | | |
| Has Your Child Any Cultural or Religious Requirements? | YES | NO |
| Please Give Details: | | |
| Any Other Details That May Be Useful. | | |



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| Medical Treatment | | |
|---|----------------------|----|
| <i>I hereby give consent for Ladybird Nurseries to:</i> | | |
| Administer Emergency First Aid | YES | NO |
| Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary. | YES | NO |
| Administer medication. | YES | NO |
| To apply a plaster when necessary. | YES | NO |
| To apply sun cream factor 50+. I also understand that it is my responsibility to provide a hat and appropriate clothing during the summer months. | YES | NO |
| Signature: _____: | Date: ____/____/____ | |

| Outings | | |
|---|----------------------|----|
| <i>I hereby give consent for Ladybird Nurseries to:</i> | | |
| To take my child on local visits and outings. | YES | NO |
| To travel on public transport. | YES | NO |
| Signature: _____: | Date: ____/____/____ | |

| Photographs | | |
|--|----------------------|----|
| <i>I hereby give consent for Ladybird Nurseries to:</i> | | |
| Photograph my child and for those photographs to be used in my child's file and displays around the nursery. | YES | NO |
| Use photographs of my child taken at Ladybird Nurseries in another child's file or diary (as a group) | YES | NO |
| Use photographs of my child on the nursery website | YES | NO |
| Use photographs of my child for advertising purposes | YES | NO |
| Signature: _____: | Date: ____/____/____ | |

| Sharing Information | | |
|--|----------------------|----|
| <i>I hereby give consent for Ladybird Nurseries to:</i> | | |
| Share information about my child with other agencies such as Speech and Language, Health Visitors, Special educational need support. | YES | NO |
| Signature: _____: | Date: ____/____/____ | |



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| Sessions Attended | | | | | | |
|------------------------------------|------------------------------------|-----|------|-----|-------|-----|
| Please circle Required days. | Full Day 8.00am – 6.00pm | Mon | Tues | Wed | Thurs | Fri |
| | Morning 8.00am – 1.00pm | Mon | Tues | Wed | Thurs | Fri |
| | Afternoon 1.30pm-6.00pm | Mon | Tues | Wed | Thurs | Fri |

All session requirements must be confirmed in writing.
A minimum of 1 Months' notice for all session changes must be given.
Children must be registered for a minimum of 2 sessions per week.

Shift Patterns

The nursery can accommodate some shift patterns subject to availability of places, but in order for us to manage this irregular booking pattern, sessions must be confirmed one month in advance in writing.



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| Payment Types | | |
|--|---|---|
| Please tick your preferred method of payment | | |
| Cheque | <input type="checkbox"/> Monthly in advance | <input type="checkbox"/> Weekly in advance |
| Cash | <input type="checkbox"/> Monthly in advance | <input type="checkbox"/> Weekly in advance |
| Standing Order | <input type="checkbox"/> Monthly: in advance | Date: 1 st of each Month |
| Voucher | <input type="checkbox"/> Monthly: in advance | Date: 1 st of each Month |
| Electronic Transfer (BACS) | <input type="checkbox"/> Monthly: in advance | Date: 1 st of each Month |
| Local Authority | Name of Authority: | |
| College | Name of College: | |

| Fee Payment | |
|-------------------|--------------------------|
| Name: Address: | Signature: _____: |
| Tel No: | Date: ____ / ____ / ____ |

Fees must be paid one month in advance by the first day of the month.

Payment is required by Cash, Cheque, Voucher, Standing Order, BACS.

Card payments are not accepted.

Details of Ladybird Nurseries Bank account are available on request.

A £15 administration fee will be charged on a weekly basis for all late payments.

You will be issued with an invoice each month. Any copy invoices / documentation requests will incur an administration charge of £5.00.

Please use your child's name as payment reference so we can identify your payments.