



REGISTRATION FORM

Name of child (in full) _____

Date of birth _____

Name known as _____

Name of parent/s or carers with whom the child lives

1 _____

Does this parent have parental responsibility? Yes/No (delete)

2 _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

_____ Postcode _____

Telephone Number _____ Mobile _____

Name of parent with whom the child does not live (if applicable)

3 _____

Does this parent have parental responsibility? Yes/No (delete)

Address of this parent _____

_____ Postcode _____

Telephone Number _____ Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

Parent 1 - Work/daytime contact number _____

Mobile _____

Parent 2 - Work/daytime contact number _____

Mobile _____

Email address: _____

Emergency contacts when parent are unavailable;

Name _____ Relationship: _____

Telephone Number _____ Mobile _____

Name _____ Relationship: _____

Telephone Number _____ Mobile _____

Persons authorized to collect the child

Name Relationship to child _____

Telephone Number _____ Mobile _____

Name Relationship to child _____

Telephone Number _____ Mobile _____

Personal details of child

Does your child have any allergies, special dietary needs or preferences? Yes/No (delete)

Does your child have any health/medical needs or preferences? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in

Does your child have any specific needs or disabilities? Yes/No (delete)

Details _____

What special support will your child require in our setting?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when, if you need more space please attach details to this form.

Names of professionals involved with child

Name 1 _____ Role _____

Agency _____ Telephone _____

Name 2 _____ Role _____

Agency _____ Telephone _____

Name 3 _____ Role _____

Agency _____ Telephone _____

Do you have a health visitor? Yes/No (delete)

Name _____ Based at _____

Telephone Number _____

Does your family have a social care worker for any reason? Yes/No (delete)

Name _____ Based at: _____

Telephone Number _____

What is the reason for the involvement of social care department with your family?

Name of your family doctor _____ Telephone Number _____

Does your child presently attend another setting Yes/No

Name of setting _____

Names of brothers and sisters and their ages:

_____ Date of birth: _____

_____ Date of birth: _____

_____ Date of birth: _____

Date wishing to start at Little Sparklers _____

Preferred days and times of attendance (please circle)

Mon 8.30 – 12.30 / 1.30
Tues 8.30 – 12.30 / 1.30 and / or 1.30 – 4.30
Wed 8.30 – 12.30 / 1.30 and / or 1.30 – 4.30
Thurs 8.30 – 12.30 / 1.30 and / or 1.30 – 4.30
Fri 8.30 – 12.30 / 1.30

Please read below and delete where appropriate.

A signature is required from at least one parent/carer with parental responsibility.

I consent for my child to be taken out as a part of the daily activities of the setting. I/We understand that our further consent will be requested for major outings. Yes / No (delete)

I consent for information about my child to be shared with agencies already involved with / or to become involved with my child whilst attending pre-school if necessary. Yes / No (delete)

I consent for the staff to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I/we have been informed and are on my/our way to the hospital. Yes / No (delete)

I consent for photographs of my child to be used within the setting and for evidence in my child's learning diary. Yes / No (delete)

Permission shall be sought if any photos are to be considered for entry into the local newspaper.

I agree to pay my invoices on time and for any additional services not covered by nursery funding to be charged on a monthly basis via invoice. Yes / No (delete)

Signed by

Parent 1 _____ Print name: _____

Date _____

Parent 2 _____ Print name: _____

Date _____

Please include £30 registration deposit with this registration form to secure your chosen sessions.

Cheques to be made payable to: *Little Sparklers*

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To be completed by the manager / deputy

Start date _____

Deposit paid? If so, circle here: Cheque or cash. Date paid

Polo shirt given? Yes or No Size issued 2yr 3-4yr 5-6yr

On behalf of Little Sparklers _____

Date _____ Signature: _____