



REGISTRATION FORM

Name of child: (in full) _____

Also known as: _____ Date of birth: _____

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

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 with: (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 to be used for newsletters: _____

Email address to be used for accessing your child's online profile (Tapestry Account) and for accessing the settings Closed Parents Facebook page: (please print clearly):

For Tapestry _____

For Facebook _____

Leave blank if same as Tapestry Email

Emergency contacts when parent are unavailable:-

1. Name: _____ Relationship: _____

Telephone Number _____ Mobile _____

2. Name: _____ Relationship: _____

Telephone Number _____ Mobile _____

3. Name: _____ Relationship: _____

Telephone Number _____ Mobile _____

Persons authorised to collect your child:-

Name & Relationship to child _____

Telephone Number _____ Mobile _____

Name & Relationship to child _____

Telephone Number _____ Mobile _____

Personal details about your 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 do you think will be 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 _____

Details of the involvement of the Social care department with your family?

Name of your family doctor: _____ **Telephone Number:** _____

Does your child presently attend another Setting/ Childminder? Yes/No

If so, Name of Setting/Childminder _____

Key persons name at the other 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 your preference)

MONDAY	8.30 - 12.30	8.30 - 1.30			
TUESDAY	8.30 - 12.30	8.30 - 1.30	12.30 - 4.30	1.30 - 4.30	8.30 - 4.30
WEDNESDAY	8.30 - 12.30	8.30 - 1.30	12.30 - 4.30	1.30 - 4.30	8.30 - 4.30
THURSDAY	8.30 - 12.30	8.30 - 1.30	12.30 - 4.30	1.30 - 4.30	8.30 - 4.30
FRIDAY	8.30 - 12.30	8.30 - 1.30			

*** Please read below and tick acknowledge that you agree and understand each Statement.**

Statement of consent:	Tick
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.	
I consent for information about my child to be shared with agencies involved with / or to become involved with my child whilst attending Pre-school if necessary.	
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.	
I consent for photographs and video recordings of my child to be used within the setting and for evidence in my child's learning diary. Permission shall be sought if any photos are to be considered for entry into the local newspaper.	
I consent for sun cream to be applied to my child in hot weather.	
I have been informed about the Nursery Education Funding and understand that it will only cover 38 weeks of the year. I agree that this contract with the setting is an annual one (47 weeks) and NOT term time only.	
I agree to pay my invoices on time for the amount stated without modification of any kind unless agreed by arrangement and agree to pay for any additional services that are not covered by the Nursery Funding to be charged on a monthly basis.	
I agree to abide by all the settings policies and procedures at all times and agree that the managers decision on any matter is final unless superceded by external governing authorities. (Policies and procedures can be found on Parents notice board and some are in your Prospectus)	

Signed by: (A signature is required from at least one parent/carer with parental responsibility.)

Parent 1: _____
 Print name: _____
 Date: _____

Parent 2: _____
 Print name: _____
 Date: _____

Please include £30 start up fee with this registration form to secure your chosen sessions.

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 To be completed by the Manager / Deputy

Start date _____ Date Paid _____

Start up fee paid: Cheque / Cash | Polo shirt given: Yes / No | Size issued: 2yr / 3-4yr / 5-6yr

Date _____ Signature: _____ Initials _____