



THE NURSERY THAT HELPS LITTLE FEET TAKE BIG STEPS

CHILD REGISTRATION FORM

Personal Details

Name of child	
Date of birth	
Male/female	
Home address Postcode	
Who the child lives with	
Religion/beliefs	
Ethnic origin	
Nationality	
Language spoken at home and percentages	
How long lived in the UK	
Details of any disabilities/ Additional needs	
Details of any distinguishing marks e.g birth marks, skin colouring	

About your family

Mother/Carer	
Full name	
Date of birth	
Home address	
Postcode	
Home telephone	
Mobile	
Home email	
Work address	
Postcode	
Work telephone	
Hours worked	
Photo	

Father/Carer

Full name	
Date of birth	
Home address	
Postcode	
Home telephone	
Mobile	
Home email	
Work address	
Postcode	
Work telephone	
Hours worked	
Photo	

Emergency contact 1

Full name	
Relationship to child	
Home address	
Postcode	
Home telephone	
Mobile	
Work telephone	
Hours worked	
Photo	

Emergency contact 2

Full name	
Relationship to child	
Home address	
Postcode	
Home telephone	
Mobile	
Work telephone	
Hours worked	
Photo	

Family responsibilities					
(Tick all that apply)	Mother	Father	Emergency contact 1	Emergency contact 2	Other
Who holds parental responsibility?					
Collect child from nursery					
Payment of fees					
Contact in emergency (please prioritise in number order 1-4)					

Persons who are not authorised to collect	
Full name	
Relationship to child	
Photo	
Full name	
Relationship to child	
Photo	

More about you

Allergies		
Does your child have any allergies?	Yes No (Please circle)	If yes, please give details
Dietary requirements		
Does your child have any special dietary requirements? E.g. Vegetarian Intolerance allergy	Yes No (Please circle)	If yes, please give details
Medical details		
Does your child take any prescription medication?	Yes No (Please circle)	If yes, please give details
Does your child suffer from any medical conditions?	Yes No (Please circle)	If yes, please give details

Immunisations

Has your child had any of the following immunisations	Immunisation	Tick or cross	Date
	BCG		
	Diphtheria		
	HIB		
	MMR		
	Meningitis C		
	Poliomyelitis		
	Tetanus		
	Whooping Cough		

Doctors Details

Name of GP	
Name of surgery	
Address	
Postcode	
Telephone	

Health Visitors details		
Name		
Address		
Postcode		
Telephone		
Any other professionals involved (Speech theorist, social worker, paediatrician, FSP – Family Support process etc)		
Name		
Address		
Postcode		
Phone number		
Profession		
Other requirements		
Does your child have any other requirements? E.g. additional needs, Cultural need Religious needs	Yes No (Please circle)	If yes, please give details
Do they require any alternative provision		

Other setting details

(Does your child attend any other early years setting?)

Name of setting

Address

Postcode

Phone number

Key worker/managers

details

Hours per week

Any other details we should know about.

Details

Sessions

Please indicate your preferred sessions					
Sessions	Mon	Tue	Wed	Thurs	Fri
Full Day (8.00am-6.00pm)					
Morning only (8.00am-1.00pm)					
Afternoon only (1.00am-6.00pm)					
Extra hours (7.30am-8.00am)					
Funded Session (8.30am - 11.30am)					
Funded Session (1.15pm – 4.15pm)					
Breakfast club					
After school club					
Breakfast					
Lunch					
Tea					

Password	
Password	

How did you hear about us	
How did you hear about us?	

Declaration:

All information given is true and correct to my knowledge and I will endeavour to inform nursery staff of any changes. I have read and understood the parent pack information.

Signature:..... Print name:.....

Date:.....

Data Protection:

In compliance with current UK Data Protection legislation, any information you provide here will be kept secure and treated confidentially.

The data collected will only be used by Little Footsteps of Dereham Nursery and will not be disclosed to any external sources without your prior consent.