



THE NURSERY THAT HELPS LITTLE FEET TAKE BIG STEPS

CHILD REGISTRATION FORM

Personal Details

Name of child		
Date of birth		Birth certificate seen: Y / N
(Please provide a copy of birth certificate)	By whom:	Date:
Mothers ID checked	By Whom:	Date:
Fathers ID checked	By Whom:	Date:
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

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
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Dietary requirements

Does your child have any special dietary requirements? E.g. Vegetarian Intolerance allergy	Yes No (Please circle)	If yes, please give details
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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	<p>Yes No</p> <p>(Please circle)</p>	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.