



Child's Registration Form

| | | | | | | | | |
|-------------------|----------------------|------------------------|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Child's Full Name | <input type="text"/> | Child's Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |
| Child's Address | <input type="text"/> | | Days required: (please circle) | Mon | Tues | Wed | Thur | Fri |
| Post Code | <input type="text"/> | Anticipated start date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Agreed Collectors

1 Details of 1st parent to contact, in an emergency

| | |
|-------------------------------------|--|
| Contact Name | <input type="text"/> |
| Relationship to child | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent <input type="checkbox"/> Partner to Parent <input type="checkbox"/> Foster carer <input type="checkbox"/> Other..... |
| Hold legal parental responsibility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Tel | <input type="text"/> |
| Work Tel | <input type="text"/> ext. <input type="text"/> |
| Mobile Tel | <input type="text"/> |
| Email Address | <input type="text"/> @ <input type="text"/> |

2 Details of 2nd parent to contact, in an emergency

| | |
|-------------------------------------|--|
| Contact Name | <input type="text"/> |
| Relationship to child | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent <input type="checkbox"/> Partner to Parent <input type="checkbox"/> Foster carer <input type="checkbox"/> Other..... |
| Hold legal parental responsibility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home Tel | <input type="text"/> |
| Work Tel | <input type="text"/> ext. <input type="text"/> |
| Mobile Tel | <input type="text"/> |
| Email Address | <input type="text"/> @ <input type="text"/> |

The following contacts can also collect, with prior notice, and **MUST** use a password

3 Details of 3rd person to contact, in an emergency

| | |
|---|--------------------------------|
| Name | <input type="text"/> |
| Relationship to child | <input type="text"/> |
| Arrange a password | Password: <input type="text"/> |
| Daytime Tel | <input type="text"/> |
| Mobile Tel | <input type="text"/> |
| Detailed description of collector/contact or attach a photo | <input type="text"/> |

4 Details of 4th person to contact, in an emergency

| | |
|---|--------------------------------|
| Name | <input type="text"/> |
| Relationship to child | <input type="text"/> |
| Arrange a password | Password: <input type="text"/> |
| Daytime Tel | <input type="text"/> |
| Mobile Tel | <input type="text"/> |
| Detailed description of collector/contact or attach a photo | <input type="text"/> |

Background Info

- White:** White British White Irish Traveller of Irish heritage Gypsy Roma Any other white background
- Mixed:** White & Black Caribbean White & Black African Mixed White & Asian Any other mixed background
- Asian:** Asian Indian Asian Pakistani Asian Bangladeshi Any other Asian background
- Black:** Black Caribbean Black African Any other black background
- Other:** Chinese Any other Ethnic background I do not wish an ethnic background be recorded

| | | | |
|----------------------------------|--|-----------------------|----------------------|
| Child's 1 st Language | <input type="text"/> (Please only state one) | Religious belief | <input type="text"/> |
| Child's 2 nd Language | <input type="text"/> (if applicable) | Cultural dietary info | <input type="text"/> |

Doctor's information & medical details

| | | | |
|--------------------------|--|----------------|--|
| Doctor's name | | Health visitor | |
| Surgery name and address | | Clinic address | |
| Telephone | | Telephone | |

Immunisation Are your child's immunisations up to date? Yes No (please state any that are overdue).....

Medical conditions

Known Allergies

Parent's Details

Full birth parent information is needed, irrespective of where or with whom, the child normally resides

| | | | |
|--|-----------------------|------------------------|---|
| Title: | 1 st Name: | Surname: | DoB: |
| NI Number: | | Relationship to child: | Parental responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home address (if it differs from child): | | | |
| Occupation: | | Employer: | |
| Workplace address: | | | |

| | | | |
|--|-----------------------|------------------------|---|
| Title: | 1 st Name: | Surname: | DoB: |
| NI Number: | | Relationship to child: | Parental responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home address (if it differs from child): | | | |
| Occupation: | | Employer: | |
| Workplace address: | | | |

Emergency medical consent

Emergency Medical Consent:

In the event of an emergency, and my child (named above) being considered in need of urgent medical attention, whilst in the care of Goslings Day Nurseries Ltd, I hereby agree that the officer in charge Miss Claire Richmond, or in her absence a deputy, should authorise such treatment on my behalf.

Signed by both parents (if P.R. is joint):

X

X

Procedures excluded on the basis of cultural belief:

Declaration and consent: to abide by the nursery's policies & procedures

Contracting parent:

I understand that where only 1 parent signs the childcare agreement contract (separate document), they become solely liable for payment of fees and other rights, as laid out in nursery policies regarding separated parents. Where both parents sign, they remain jointly liable and have equal rights over information, records, etc.

Emergency Medication:

I confirm that in the event of a medical emergency (e.g. dangerously high temperature), that the nursery may administer an age-appropriate dose of Paracetamol medication.

Yes (opt in) No (opt out)
If left blank, medication will **NOT** be given

Outings consent:

I consent to my child taking part in trips and outings whilst at nursery, under the supervision of staff.

DECLARATION:

By signing this application form, we agree to abide by the terms and conditions of the nursery as laid out in the policy and procedure file and childcare agreement, which change from time to time. We agree to payment terms (in advance, by 5th of month) and the notice period (of 3 months, reducing to 1 calendar month), or payment in lieu of notice.

Signed by contracting parent(s):

X

X

Referral

Were you referred by an existing Goslings customer? Yes No