

Little Acorns Registration Form

Last Name:

First Name:

Nickname

Birth Date:

Start date:

Leaving date:/...../.....

(31 Aug after 3rd birthday unless stated otherwise above)

Male / female

Please note here spoken language at home:

PARENT OR GUARDIANS

(1) Last Name:

First Name:

Relationship to child:

Address:

Postcode:

Email:

Home phone:

Work Phone:

Employer:

(2) Last Name

First Name:

Relationship to child:

Address:

Postcode:

Email:

Home phone:

Work Phone:

Employer:

Who has legal contact with the child? {Circle below}

Mother / Father / Step Mother / Step Father

Who has the parental responsibility of the child? {Circle below}

Mother / Father / Step Mother / Step Father

Other emergency contacts

Name:	Relationship to child:
Home phone:	Work Phone:

Permission for PICKUP

Your child will not be released to an unauthorized person listed on this form (parent / guardian and / or emergency contact). In case of accident or unforeseen circumstance, please indicate the name, address and telephone number any other person / s, which allow you to take your child on your behalf.

Name

Address

Phone

Name	Address	Phone

A parent/guardian's verbal authorisation for pickup must be received before your child will be released to anyone not listed here. The person must bring I.D. If I.D is not shown the child will not be released.

MEDICAL INFORMATION

Doctor:	Office Phone:
Address:	City:
Allergies:	Post Code:

Medical DDA or SEN Needs:

Medication:

ADDITIONAL INFORMATION.(dietary requirements)

Immunisations:

The Nursery now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health authority.

DAYS REQUIRED –PLEASE CIRCLE AND WRITE EITHER AM,PM OR FT (Full time OR 8 -6. 1 5)
BELOW EACH DAY

Mon / Tues / Wed / Thurs / Fri

ETHNICITY – PLEASE TICK

We are required to record your ethnicity for an annual census

White British (WBRI)	Gypsy/Roma (WROM)
Traveller of Irish Heritage (WIRT)	White Irish (WIRI)
Any other white background (WOTH)	Mixed White and Asian (MWAS)
Mixed White and Black Caribbean (MWBC)	Asian or Asian British Pakistan (APKN)
Mixed White & Black African (MWBA)	Asian or Asian British Bangladeshi (APKN)
Any other Mixed Background (MOTH)	Asian or Asian British Indian (AIND)
Black or Black British, Caribbean (BCRB)	Black or Black British, African (BAFR)
Asian or Asian British, any other Asian background (AOTH)	
Black or Black British, and other Black background (BOTH)	
Chinese (CHNE)	Any other Ethnic Background (OOTH)
Do not wish to be recorded (REFU)	

Please Tick the following to give your parental consent:

- Application of Sun/Nappy Cream
- Walks and outings with supervision
- Using photographs in around the nursery & in my Nursery Profile

I have been given a copy of the Child Protection Policy and any explanation required has been provided. Signature : _____

- For the Welfare Officer to file or clip my child's nails as is necessary
- For the Welfare Officer to check for head lice as is necessary

EMERGENCY CONSENT:

It is the policy of Little Acorns Day Nursery to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF LITTLE ACORNS DAY NURSERY WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD

I enclose the non-refundable £40 registration fee and the refundable deposit of £300

I/We have read the parent contract and agree to the content stated.

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Parent/Guardian Signature

Parent/Guardian Signature

Date:

Date: