## **REGISTRATION FORM**



# ALL INFORMATION HELD ON THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE.

CHILD'S FULL (legal) NAME	BOY/GIRL
ADDRESS:	
	Postcode:
DATE OF BIRTH	POSITION IN FAMILY (i.e. 1st)
	cument Witnessed/Document Number & Staff Signature)
MOTHER'S FULL NAME	FATHER'S FULL NAME
ADDRESS:	ADDRESS
TOWN	TOWN
POSTCODE	POSTCODE
TEL. HOME	TEL. HOME
WORK	WORK
MOBILE	MOBILE
EMAIL	EMAIL
Parental responsibility: yes/no(delete)	Parental responsibility: yes/no(delete)
Legal contact: yes/no (delete)	Legal contact: yes/no (delete)
National Insurance Number:	
	ery receives the correct level of funding for your child when the versal/30 extended hours funded nursery provision.
	egal Guardian etc)
TEL NO	MOBILE NO
Parental responsibility yes/no(delete)	Legal contact yes/no (delete)
	FAMILY RELIGION (optional)
LANGUAGES SPOKEN BY FAMILY & CHI	LD

# **REGISTRATION FORM**

MEDICAL CONSENT: I authorise Primrose Hill Nursery staff to act in loco parentis in the event of my child requiring medical treatment where a delay in obtaining my signature may result in endangering the health of my child. (Please state any exceptions)				
Has your child had all the infant inoc				
	ENTIST			
•	ns, allergies, medication, SEN)			
Are any of the following in place for				
•	ays, Key Person, childminder)			
Emergency contact details (other t	han parents)Name			
	Relationship to child			
·	Tel nos:			
Additional persons authorised to	collect child (must be over 16 years of age)			
	Name :			
•	Relationship to Child :			
Tel nos :	Tel nos :			
	Name			
·	Relationship to child			
Tel nos:	Tel nos:			

### **REGISTRATION FORM**

#### I give my authority for the staff of Primrose Hill Nursery to:-

- a) Take responsibility for my child during nursery times.
- b) Take my child on outings or visits.
- c) Take photographs of my child whilst at Nursery.
- d) Make observations of my child for the purpose of assessment and training courses.
- e) Seek contribution from other settings to inform the ongoing assessment process for my child in accordance with the EYFS.
- f) To discuss your child's development with the health professionals as necessary.
- g) Pass assessment records onto school unless requested in writing not to do so.

Signed by parent	Date
oigiled by parent	Date

#### ADDITIONAL CONSENTS AND PERMISSIONS

#### **Privacy Notice - GDPR 2018**

I confirm that I have read and understood the Privacy Notice and agree to Primrose Hill Nursery using and storing my data as set out therein Yes/No

#### Photographs of my child

I give permission for Primrose Hill Nursery to use photographs of my child taking part in nursery routines and play activities. This could include uploading to our website and social media e.g. Nursery Facebook Page as well as using in their own and other children's Learning Journals/Displaying in Nursery and for staff training purposes

Yes/No

#### Nappy Changing & Use of Wipes/Nappy Cream:

I give permission for Primrose Hill Nursery staff to use baby wipes and Nappy Cream (if supplied) on my child in accordance with the 5.1.4 H&H Nappy changing Policy. (for more details see Welcome Pack)

Yes/No

#### **Sun Cream:**

I give permission for Primrose Hill Nursery staff to apply sun cream to my child as and when required. (for more details see Welcome Pack)

Yes/No

#### **Infectious Diseases:**

I confirm that I have read & received a copy of the infectious diseases information. (for more details see Welcome Pack)

Yes/No

#### **Policies:**

I confirm that I have received, read and understood the Primrose Hill Nursery Policies and Procedures. I know where to access them in the nursery.

(Complete Policies and Procedures on CD in Welcome Pack)

Yes/No

#### **Attendance Contract:**

I confirm that I have read and I agree to the terms and conditions of the Attendance Contract. (see Welcome Pack)

Yes/No

#### **Contact via E-Mail:**

I agree to Primrose Hill I me via e-mail and my e-	lursery contacting me and sending information (including their child's report) to mail address is:

PH	V/sg	/June	2018