Long Preston Endowed VA Primary School

Little Wrens Registration Form

Child's Details:	
Name of Child: Date of Birth: Country of Birth:	Child's First Language: Other Languages spoken at home: Ethnic Origin: **Birth Certificate No:**
Home Address: Home Telephone No: Mobile No: Home Email: **We are required to check children's identity.** Please bring your child's **birth certificate** with you when you visit. Thank you.	

Contact 1:	**Contact 2:**
Name: Relationship to child: Mobile No: **Job Title**: Work Address if applicable: Work Telephone No: Usual working hours:	Name: Relationship to child: Mobile No: **Job Title**: Work Address if applicable: Work Telephone No: Usual working hours:
Who will normally collect your child at the end of their session/day? **(must be over 18 years of age)** Person with Parental Responsibility if different from above: Is there anyone who has legal contact arrangements with your child? Is there anyone who should NOT be in legal contact with your child?	

Emergency Contacts:			
Should you be unable to collect your child, or be contacted in an emergency – please provide the details of three people (all whom must **be over 18 years of age**). The nursery will only release your child into the care of these named persons:			
Name:	Relationship to Child:	Tel No:	Mobile No:
Name:	Relationship to Child:	Tel No:	Mobile No:

Name:	Relationship to Child:	Tel No:	Mobile No:

We must be able to contact either you or your emergency contacts at all times whilst your child is in our care.

Medical Care:

Name of Child's Doctor: Name of Health Visitor:
Name of Surgery:
Telephone Number:

Does your child have any **medical conditions** of which we should be aware?
If so, please give details:

Does your child have any **allergies** of which we should be aware?
(e.g. asthma, plasters, pets)

Does your child have any **special dietary requirements**, either medical or cultural?
(We are able to provide vegetarian, dairy free or other specific preferences) **We will require a separate Care Plan for your child.**

Other Professionals; Is your child being supported by SALT, Audiology, Ear/Nose/Throat, Portage, Social Services or any other:

Inoculations:

MMR	yes / no	Meningitis C	yes / no	Measles	yes / no
Mumps	yes / no	Rubella	yes / no	Diphtheria	yes / no
Tetanus	yes / no	Polio	yes / no	Whooping Cough	yes / no
HIB	yes / no	Meningitis B	yes / no		
		Any other	yes / no	If so, which?	

Permissions and Consent:

In the event of an emergency where your child may need first aid treatment/urgent medical attention the nursery will make every reasonable effort to contact parents/carers. In the event that neither parent can be contacted the nursery staff will act in the best interests of the child. I consent to the nursery administering medication to my child should they require it.	Yes/No
I consent to the nursery acting on my behalf in an emergency and authorise the staff to sign any written consent forms that may be required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.	Yes/No
I consent to allow the nursery to speak with/refer to my child's health visitor, outside agencies such as speech and language, the local children's centre, SEND Officer (Special Educational Needs and Disability Officer) as required.	Yes/No
I consent to my child having their photo taken, displayed within the Nursery/School and their Journal and shared observations with their peers.	Yes/No

I consent to my child's development progress being shared, should they attend another Childcare Setting. I consent to my child's photos being on The Ribblesdale Federation's website, Twitter, and in external media for publicity purposes.	Yes/No Yes/No

I consent to: • Sun cream • Plasters • Face paints • Walks in the local community	Yes / No Yes / No Yes / No Yes / No

Child Protection:

As childcare professional, the staff at Little Wrens have a duty to report any suspicions of abuse or neglect of children in their care to the Designated Safeguarding Lead.

Change of Circumstances:

We ask that you keep us informed of any changes in your child's routine, which may affect their time at our nursery. This includes their health and any family circumstances, no matter how minor. All information will be dealt with in a sensitive manner.

Parent's/Carer's Name: ……..

Signature: ……..

Date: ……/……/……