

# Rose Villa Day Nursery

## Registration form

Child's Full Name:.....

Date of Birth:.....

Address:.....

Post Code:.....Home tel number:(.....).

Nationality:.....Languages spoken:.....Religion:.....

<b>Parent 1. Does this person have parental responsibility? Yes/No</b>	<b>Parent 2 Does this person have parental responsibility? Yes/No</b>
Name:.....DOB.....	Name:.....DOB.....
Address:.....	Address:.....
.....Post Code.....	.....Post Code.....
Relationship to child:.....	Relationship to child:.....
Place of work.....	Place of work.....
Work number.....	Work number.....
Mobile.....	Mobile.....
NI number.....	NI number.....
<b>Contact 3</b>	<b>Contact 4</b>
Name:.....	Name.....
Address:.....	Address.....
.....Post Code:.....	.....Post Code.....
Relationship to child.....	Relationship to child.....
Place of work.....	Place of work.....
Work Number.....	Work Number.....
Mobile.....	Mobile.....

Please ensure you inform nursery straight away if your contact details change.

**Could you please provide proof of your child's identity and D.O.B ie a copy of your child's birth certificate or passport alongside this completed form.**

Start date ..... Monday  Tuesday  Wednesday  Thursday  Friday

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### Sessions.

Start Date:.....

Sessions required: (Please tick as appropriate)

	Full day	Morning	Afternoon	7.30 am starts required
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

### Medical and additional information.

Doctor's name :.....

Address.....

Tel No:.....

Health Visitor's name :.....

Tel No:.....

In the event of an emergency I consent to my child being transported to hospital with a senior member of staff (this could be by ambulance or in the owner's insured vehicle). YES/NO

Signature .....

In an emergency if my child has a high temperature or illness and I cannot be contacted my child can have the recommended dose of calpol for their age. We will only be able to administer this if your child has been in nursery for more than 4 hours.

Signature.....

My child is able to have a plaster administered for minor cuts and grazes YES/NO

Signature.....

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Are your child's immunisations up to date? YES/NO

Does your child have any health and/or medical needs? : YES/NO

If yes, please state: .....

Is your child allergic to anything? : YES/NO

If yes, please state: .....

Does your child have any special educational needs that we would need to know about? YES/NO

If yes, please state: .....

Does your child require a special diet? : YES/NO

If yes, please state: .....

Does your child have a named social worker? YES/NO

If yes, Name.....Contact number.....

Please tick this box if your child has had any previous involvement with social services.

**Outings**

Do you have any objections to your child being  
Included in supervised outings or visits: YES/NO.

\*This is to state that you will not need phoned for permission for your child to go on a walk around  
the local area during their nursery day:-

Name.....Signature.....

\*I would like to be contacted before my child is taken for a walk around the local area:-

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Name.....Signature.....

### Sun cream.

My child is able to use factor 50 Nivea sun cream during a sunny day at nursery? YES/NO

### Photo Consent.

I give permission for my child's photo to be taken and used within the setting for example on displays, childrens learning journeys and in yearly group photographs : YES/NO

Name.....Signature.....

### Occasions

I give permission for my child's first name to be given out to be included in receiving party invites/celebration cards etc

Name .....Signature .....

### Communication

We have a nursery text message service so we can text you up to date information about events, special days and reminders. This service would also be used in the case of emergency closure or adverse weather warnings. Contact 1 will be added to this service.

### Learning book

I sign to state that I give my permission for my child to be included on Learning book the nursery's online assessment system.

Signature.....

Contact 1: Name.....Email address.....

Contact 2: Name.....Email address.....

### Illness

If your child is poorly and is unable to attend nursery can we please ask that you phone nursery on 0191 4889900 or text the nursery mobile phone on 07801502561 before 10am on the day of illness. If your child attends the afternoon session can we please ask that you call before 2pm to inform us that they will not be attending on this day.

Our aim is to provide the highest and happiest standards of care for your child. We pride ourselves on our close relationships with our parents and carers. We hope to work closely

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with yourselves to give your child the best possible opportunities and reach their full potential.

Signature : ..... Relationship to child: ..... Date.....

Ofsted guidelines for Data Protection- Rose Villa must maintain records and obtain and share information (with parents and carers, other professionals working with the child including health, the police, social services and Ofsted, as appropriate) to ensure the safe and efficient management of the setting and in order to protect our children. We will not share your information with any services other than the relevant ones in order to safeguard your child or claim for funding with your local council/early years department. When your child leaves Rose Villa we will share information with their next setting or school.

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