



<b>Staff use only</b>	
<b>Date registration fee paid:</b>	
<b>CASH</b>	<b>BANK TRANSFER</b>

## **Child Registration Form**

Thank you for choosing Funshine Day Nursery. Please complete this form as fully as possible. All information helps us keep your child safe and supported while in our care.

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### **Child's Details**

**Child's First Name(s):** Click or tap here to enter text.

**Child's Last Name:** Click or tap here to enter text.

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender:**  Male  Female

### **Collection Password**

Please choose a password. This will be asked if someone other than a parent/carer is collecting your child.

Please remember:

- You must tell us in advance if someone else is collecting your child
- They must bring photo ID

**Password:** \_\_\_\_\_

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# Parent / Guardian Details

## Parent / Guardian 1

Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female

Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work Tel (if applicable): \_\_\_\_\_

Email Address (for nursery communication):

\_\_\_\_\_

\_\_\_\_\_

## Parent / Guardian 2

Name: \_\_\_\_\_

Home Address (if different):

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender  Male  Female

Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work Tel (if applicable): \_\_\_\_\_

Email Address:

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts

*(These must be different from parents/guardians)*

We require **at least one additional emergency contact** in case we cannot reach you.

### Emergency Contact 1

**Relationship to Child:** \_\_\_\_\_

**Name:** \_\_\_\_\_


**Address:**

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**Email:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

 *Photo ID will be required if this person collects your child.*

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### Emergency Contact 2

**Relationship to Child:** \_\_\_\_\_


**Name:** \_\_\_\_\_

**Address:**

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**Home Tel:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

 *Photo ID will be required if this person collects your child.*

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## Funded Childcare Hours

Is your child eligible for government-funded childcare?

Yes  No

You can check eligibility at [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

**Funding Code:** \_\_\_\_\_

**National Insurance Number (parent who applied):** \_\_\_\_\_

My child is accessing **15 universal hours only (3–4 year olds)**

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## Medical Information

**Child's NHS Number:** \_\_\_\_\_

### GP Details

**Name & Address:**

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**Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

### Health Visitor (if applicable)

**Name & Address:**

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**Telephone:** \_\_\_\_\_

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## Immunisations

Please tick those your child has received:

- 8 weeks
  - 12 weeks
  - 16 weeks
  - 1 year
  - 18 months
  - 3 years & 4 months
  - BCG (TB)
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## Medical Conditions

Does your child have any medical conditions we should know about?

- Yes  No

If yes, please give details:

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## Religious & Dietary Requirements

Does your child have any dietary requirements?

- Halal  Kosher  Vegan  Vegetarian  Pescatarian

No egg  No pork  No beef  No lamb  No chicken  No fish  No sweet puddings

Please add any extra details:

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Are there any other religious or cultural requirements we should be aware of?

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Are any emergency medical treatments **not permitted** for cultural or religious reasons?

Yes  No

If yes, please explain:

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## **Allergies**

Does your child have any known allergies (including food)?

Yes  No

If yes, please give details:

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## **Special Educational Needs / Disabilities**

Does your child have any special educational needs or disabilities?

Yes  No

If yes, please provide details:

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## **Ethnic Background (*Optional*)**

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## **Previous Childcare (if applicable)**

**Name & Address of Setting/Childminder:**

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**Telephone:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

Does your child attend another setting alongside Funshine Day Nursery?

Yes  No

If yes, please provide details:

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## Support Services

Is your child supported by any external services?

- Social Services
- Speech & Language
- SEN Support
- Physiotherapy
- Other: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

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## Permissions

Please tick to show what you are happy for us to do:

- Apply sun cream
- Take children on outings (This may include a short bus ride, such as up to West Wickham library).
- Administer medication
- Act in a medical emergency
- Use Tapestry online learning journal

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## Attendance Required

- Full Time
- Monday  Tuesday  Wednesday  Thursday  Friday

**Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Terms & Conditions (Summary)

- £50 non-refundable registration fee
  - Fees paid monthly in advance
  - One month's written notice required for changes or withdrawal
  - Nursery policies are available on request
  - Please inform us of any changes to your details
- 



## Signatures

### Parent / Guardian 1

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent / Guardian 2

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Where did you hear about us?**

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