



huish
NURSERIES

Huish Nurseries

Child Registration Form

huishnurseries@huish.education

Child's Surname					
Child's First Name(s)					
Known As					
Child's address					
Date Of Birth					
Sex	Boy		Girl		
Religion			Ethnicity		
First Language					
Parent/Carer 1	Relationship to the child				
	Parental Responsibility			Yes	No
Title (Mr, Mrs, Miss, Ms, Dr...)					
Name					
Address					
				Post Code	
National Insurance Number					
Email Address					
Telephone Number	Home		Mobile		
	Work				
Able To Collect Child	Yes		No		
Parent/Carer 2	Relationship to the child				
	Parental Responsibility			Yes	No
Title (Mr, Mrs, Miss, Ms, Dr...)					
Name					
Address					
				Post Code	
National Insurance Number					
Email Address					
Telephone Numbers	Home		Mobile		
	Work				
Able To Collect Child	Yes		No		

Do any other individuals have legal contact arrangements with the child?	Yes	No
If Yes, please provide details below and a copy of relevant documentation.		

Post Looked After Arrangements (please tick if appropriate)

Please tick the appropriate box below if you would like the nursery to be aware of any post Looked After arrangements.

Adopted from Care	
Left Care under a Special Guardianship Order	
Left Care under a Residence or Child Arrangements Order	

Armed forces

Is the parent(s) the child resides with currently serving in the armed forces? (Y/N)	
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Emergency Contacts Other Than Parents/Carer

	Contact No. 1	Contact No. 2
Name		
Relationship To Child		
Address		
Tel. No		
Mobile No.		
Password for Collecting child		

Is there any other information that we need to know about family situations? Court orders, contact details? (Y/N)	
If Yes, please provide details below.	

About Your Child

Is your child currently at a pre-school or nursery?	Yes		No	
If yes which one?				
Are you claiming Early Years funding at this setting?				
Do we have permission to contact them to find out about your child's development?				
Yes		No		
Does your child have any special needs or disabilities? If so, please specify below				

Sessions Required

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning Session (08:00 – 13:00)					
Afternoon Session (13:00 – 18:00)					
Full Day (08:00 – 18:00)					
Afternoon Session* (13:00-16:30)					
Start Date					

*Please note that this session is currently only available at North Town Nursery and Nerrols Nursery.

Your meal requirements

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Hot Lunch					
Picnic Tea					
I will provide meals from home					

Medical Details

Doctors Name:			
Address			
Tel. No.			
Health Visitor Name			
Address			
Tel No.			
Does your child have any medical conditions we need to be made aware of?			
Does your child have any birth marks, scars or any other notable marks we should be aware of?			
Has your child received all up-to-date immunisations?	Yes	No	

Do you claim Disability Living Allowance for your child?	Yes	No
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Individual Requirements and Details

Does Your Child Have Any Food Allergies or Special Dietary Requirements?	Yes		No	
Please Give Details				
Are There Any Foods That You Do Not Want Your Child To Have?	Yes		No	
Please Give Details				
Does Your Child Have Any Cultural Or Religious Requirements?	Yes		No	
Please Give Details				

Ethnic / Cultural Background		
How would you describe your child's ethnicity or cultural background? (Please Circle)		
White British Irish Traveller of Irish Heritage Any other white background	Mixed White and Black Caribbean White and Black African White and Asian Any other mixed background	
Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background	Black or Black British Caribbean African Any other black background	
Nationality:	Country of Birth:	
Religion:	First Language (spoken at home)	
Bilingual Support plan needed?	Yes	No

Are there any other services involved with your child or family?				
Family Nurse	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Social Worker	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Speech and Language	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				
Any other Professional	Yes	No	Date Involvement commenced	
Name				
Contact Information and Telephone Number				

Consent

Emergency consent

I agree to the registered person in the provision (or deputy in charge or nominated person) taking the necessary steps to ensure that my child _____ **[name of child]** receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or while my child is on an authorised outing.

I understand that the registered person or deputy in charge or nominated person will make every effort to inform me of any emergency or accidents as soon as possible after the event, but they may have to accompany _____ **[name of child]** to hospital in the case of a serious accident in my absence.

I give my permission for the registered person in charge of Huish Nurseries at the individual settings or deputy in charge or nominated person to authorise hospital staff to administer essential treatment until my arrival.

Parent/Carer Name: _____

Parent/Carer Signature: _____ **Date** _____

If you do not agree with any or all of the above declaration, please do not sign but make your views known in the space below.

30 Hour Funding

I consent to Huish Nurseries using my National Insurance number supplied for the purposes of verifying my eligibility for the Extended Entitlement (30 hour funding). I understand that the information requested will be held securely and will only be shared with staff in the Local Authority who have the right of access, and with Capita Children's Services. When no longer required, it will be disposed of in a manner appropriate to its sensitivity. I also understand that if I am eligible, the Local Authority will continue to check my eligibility and if they are notified that I am no longer eligible, they will inform Huish Nurseries. I understand that if I am no longer eligible, I will have to pay for any additional hours booked in above the Universal Early Years Entitlement.

Parent/ Carer 1 Name:

Parent/ Carer 1 Signature:

Date:

Parent/Carer 2 Name:

Parent/Carer 2 Signature:

Date:

Medical Treatment

I hereby give consent for the staff of Huish Nurseries to ...

Administer emergency first aid	Yes	No
Seek emergency medical and dental attention including hospital treatment if it is deemed necessary	Yes	No
Administer medication	Yes	No
To apply a plaster when necessary	Yes	No
To apply sun cream factor 30+.	Yes	No
I understand that it is my responsibility to provide sun cream hat and appropriate clothing during the summer months	Yes	No
To apply nappy cream supplied by myself or nursery when necessary	Yes	No
I give permission for my child to be part of the daily toothbrushing programme.	Yes	No

Signature..... Date

Outings

I hereby give consent for the staff of Huish Nurseries to ...

To take my child on local visits and outings	Yes	No
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Signature..... Date

Photographs

I hereby give consent for the staff of Huish Nurseries to ...

Photograph my child and for those photographs to be used in my child's Family observation journey	Yes	No
Use photographs of my child taken at Huish Nurseries on the Family newsfeed. I understand parents of the nursery will see photographs on the Family newsfeed	Yes	No
Use photographs of my child in newsletters	Yes	No
Use photographs of my child on the nursery website and social media accounts	Yes	No
Use photographs of my child for advertising purposes	Yes	No

Signature..... Date

Sharing information

I hereby give consent for the staff of Huish Nurseries to ...

Share information about my child with other agencies such as : Speech and Language, Health Visitors, Special Educational Need Support. We will discuss this with you first.	Yes	No
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Signature..... Date.....

Please note staff will share information without consent if they are concerned about the welfare of the child (see Access and Storage of information Policy for more information)

Name Of Person Signing:.....

Relation to child:.....

Signature:..... Date:.....