



Out of School Registration Form

Nursery Required	<input type="checkbox"/> 25 Batty Street	Room Required:	<input type="checkbox"/> Out Of School Club
	<input type="checkbox"/> 183 Leeds Road		<input type="checkbox"/> Holiday Club
The Child Details			
Child's First Name:			
Child's Middle Name:			
Child's Surname:			
Child's Date of Birth:			
Male/Female:			
Home Address:			
Nursery Password:			
A little more about me			
My Hair Colour:			
My Eye Colour:			
My Religion:			
My Ethnicity:			
My Nationality:			
Languages Spoken:			
Languages Spoken at home:			
School Details			
My Child attends the following school:		Name:	
		Address:	
		Postcode:	
		Contact Number:	
My Child is currently in the following year:			
My Teacher is currently called:			
My Classroom is currently:			
I currently attend the following School clubs On the following days.			
<p>I the parent understand that it is my responsibility to inform both the nursery and school if my child is being collected by someone else or is ill on the day that they attend Hamond house out of school club.</p>			
Parent Name: _____			
Parent Signature: _____			



Parent Carers Details (Legal Care) 1	Parental Responsibility	Yes	No
Relationship to Child:			
Title:			
First Name:			
Middle Name:			
Surname:			
Address:		Please tick is same as here if same as child <input type="checkbox"/>	
Telephone Numbers	Home:		
	Mobile:		
	Work:		
Email Address:			
Employers Name:			
Employers Address:			
Hours of Work:			
Parent Carers Details (Legal Care) 2	Parental Responsibility	Yes	No
Relationship to Child:			
Title:			
First Name:			
Middle Name:			
Surname:			
Address:		Please tick is same as here if same as child <input type="checkbox"/>	
Telephone Numbers	Home:		
	Mobile:		
	Work:		
Email Address:			
Employers Name:			
Employers Address:			
Hours of Work:			
Would you like your invoice sent by email?	Yes	No (Paper Format Please)	
Please add your family email you would like your invoices sent too.			

Medical Details

Doctors Name:						
Surgery Name:						
Surgery Address:						
Surgery Telephone Number:						
Child's NHS Number:						
Health Visitors Name:						
Health Visitors Contact Number:						
Do you give consent for us to contact health professional if needed?	Yes			No		
Does your child have any Medical condition?						
If you selected Yes please give us more information:						
Has your child had all the relevant immunisation and are up to date.						
	<p>Comments</p> <p>(If your child has not had immunisation please ensure you inform the out of school club whilst completing to registration form)</p>					
Do your child take any medication:	Yes			No		
If you selected yes please give us more information:						
Any special requirements, including food allergies, intolerance, preferences?						
Other Parties: (Any other professional involved with your child) Please use this section to write about any other people who may be involved with your child. Please include name and contact details.	SEN	Speech Therapist	Social Worker	Support Worker	Physio	Other
	Are you or have been a part of any of the following. Please circle if you have or tick no if you have not been a part of any of these.					
	Children in need	Child Protection	Team around the family		No	
	Name:					
Contact Number:						

Emergency Contacts

Emergency Contact 1 (Please do not include carer/parent's details from page 1)	
Relationship to Child:	
Title:	
First Name:	
Surname:	
Address:	
Telephone Numbers:	Home:
	Mobile:
	Work:
Emergency Contact 2 (Please do not include carer/parent's details from page 1)	
Relationship to child:	
Title:	
First Name:	
Surname:	
Address:	
Telephone Numbers:	Home:
	Mobile:
	Work:
Emergency Contact 3 (Please do not include carer/parent's details from page 1)	
Relationship to Child:	
Title:	
First Name:	
Surname:	
Address:	
Telephone Numbers:	Home:
	Mobile:
	Work:

Permissions

Please sign next to each box to give your consent:			
Child's Name			Date:
<p>First Aid and Emergency medical treatment, including plasters and administration of Calpol should your child temperature rise suddenly above 38°C. (We will always contact you if your child's temperature rises or if your child needs emergency treatment. However, if we cannot get through the parents or the guardian the nursery will make the decision of what is best for your child).</p>	<p>Name: Date:</p>		<p>Signature:</p>
<p>Activities and Outings in which your child/ren go on outings and participate in activities organised by Hamond House Day nursery. (Parents will always be informed prior to any outings in which children leave the nursery premises).</p>	<p>Name: Date:</p>		<p>Signature:</p>
<p>Photography to be used in-house only, e.g. photo observations for child's online learning journey, display boards, around the nursery setting.</p>	<p>Name: Date:</p>		<p>Signature:</p>
<p>Photography to be used in nursery, publicity material, including our Facebook page (Children's names will NOT be used with any of the photos.)</p>	<p>Name: Date:</p>		<p>Signature:</p>
<p>Holding personal information (paper and computer based)</p>	<p>Name: Date:</p>		<p>Signature:</p>
<p>Sharing information with other professional e.g. health visitor, speech therapist, local authority and other settings the child has attended. (We will always inform you before we make contact with other professional regarding your child.</p>	<p>Name: Date:</p>		<p>Signature:</p>
<p>Unless a parent has provided nursery with sun cream from home then we are required to apply nurseries own sun cream in hot weather conditions</p>	<p>Name: Date:</p>		<p>Signature:</p>

Checklist

Please ensure you have completed all of the questions on the registration form as this may cause a delay in your child being registered with us.		
Have you completed all of the registration form and have brought it back to nursery?		
Registration fee £30.00 have you brought it back to nursery?		
Have you signed the Nursery Terms and Conditions and brought back to nursery?		
Have you brought a copy of your Child's Birth certificate?		
Have you brought a copy of your address (Parents) to nursery?		
(Office Use Only) Settling in Session		
Room:		
Date:		
Time:		
The nursery will provide you with a contract for your child have set nursery sessions and paying schedule. (Paying Parents Only)	Date Completed:	
	Copy given to parent:	
	Original filed away	