

Child Registration Forms

Personal Details
Date:

Name of child			
Date of birth		Gender:	Boy / Girl
Home address Postcode			
Position in family			
Religion / Ethnic origin	/		
Nationality/ Language at home	/		
Details of any agencies involved			
Details of any special dietary/ educational needs/disabilities			
Child Toileting Stage	Toilet trained	In Nappies / size of the Nappy	
How did you hear about Little Angels Day nursery			
Preferred start date			

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day (8am-6pm)					
Morning only (8am-1pm)					
Afternoon only (1pm - 6pm)					
Short Day (8:00am-3:30pm)					
Before/ After school/ Holiday Club					
Name of the School:					
Pick up time:	Drop off time:		Year Group:		
After-school care					
Breakfast care					
Holiday Club					
Wrap-around care					

Do you require a place for term-time only? (Please circle) Yes / No

Parent/Carer Name : _____ Relationship to Child : _____

Email address: _____ Phone Number: _____

Sign: _____ Date: _____

About your family

Parent 1/carer	
Title	Mr / Mrs / Miss / Other
First name	
Surname	
Home address Postcode	
Mobile number	
Email address	
Work address Postcode	
Work Tel number	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Parent 2/carer	
Title	Mr / Mrs / Miss / Other
First name	
Surname	
Home address Postcode	
Mobile number	
Email address	
Work address Postcode	
Work Tel number	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Other Agencies Involved, Health visitor, Social Services etc:	Yes	No
If yes, then please give details,		

Emergency Contacts

Emergency Contact one			
Title		Mr / Mrs / Miss / Other	
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

Emergency Contact two			
Title		Mr / Mrs / Miss / Other	
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

Medical details

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations? Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
Whooping cough		
Any other immunisations		
Name of GP		
Name of surgery		
Address Postcode		
Telephone number		
Health visitor details		
Name		
Address Postcode		
Telephone number		
Other agency details		
Name		
Address Postcode		
Telephone number		
Any other details that we should know about?		

Monitoring form

Take up/usage		Ethnic origin	
1 – 15 hours per week		White	
16 – 30 hours per week		British	
31 – 50 hours per week		Irish	
		Traveller	
Work/training		Other	
Children in lone parent family			
A parent working full time (35 hours +)		Mixed	
A parent now working more than 16 hours		White and black Caribbean	
A parent now working less than 16 hours		White and black African	
A parent now in higher/further education		White and Asian	
A parent taking skills for life or step into learning		Other	
Parent(s) are not working/training			
		Asian or Asian British	
Financial support		Indian	
Parents access CTC		Pakistani	
Parents access WTC		Bangladeshi	
Parents access HE childcare access fund support		Kashmiri	
Parents access Care 2 Learn support		Other	
Place sponsored by regeneration scheme e.g. SRB			
Financial support from employer		Black or black British	
Receipt of 2 year old funding		Caribbean	
Receipt of 3 and 4 year old funding – 15 hours		African	
Receipt of 3 and 4 year old funding – 30 hours		Other	
Additional needs		Chinese	
Cognition and learning difficulty		Other	
Behaviour, emotional and social development needs			
Communication and interaction needs		Other ethnic group	
Sensory and/or physical needs			
Other/combination of needs			

Parent Contract and Terms and Conditions

This contract is between

Little Angels Day Nursery Ltd and Parent (name)
address

Retainer/Settling in period/deposit/fee(s):

Weekly childcare fee: First Payment due:
Deposit held: Yes/No Deposit amount:

Additional notes for contracted hours and any other arrangements that apply to the contract:
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.....

Retainer fee paid per week/month: £..... To cover period from: to:
(during this period childcare service will be available provided notice of two weeks is given by parent(s)/guardian.

Settling in period from: to:

(During this period no notice period or notice payment will be required if either party wishes to end the agreement, but all other areas of the contract are applicable)

Date of commencement of this contract:

Do you require placement for term time only? (Please circle) Yes/No
Are childcare fees are funded by third party? Yes/No (e.g., Employer, training agency, 2/3/4 year funding)

Agreement for payment of fees

Please see our Fees and Funding Policy. All our fees are payable monthly in advance by the 1st day of the month to which they relate. We do charge for the bank holiday. One month (whether it is you or us who wishes the Child to stop attending, one month's written notice is required to be given)

Person responsible for payment of fees

Name..... Address.....Postcode..... I hereby agree to pay the fees for the above child on the date they fall due. Signed..... Date.....	Name..... Address.....Postcode..... I hereby agree to pay the fees for the above child on the date they fall due. Signed..... Date.....
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Preferred payment method (circle):

Credit card	Childcare voucher/Tax free childcare	Direct debit / Bank Transfer	cheque	cash	other
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Signed for and on behalf of **[Little Angels Day Nursery]**