



# REGISTRATION FORM



Uplands Nursery

Thompson Road

Stroud

Gloucestershire

GL5 1TE

Tel: 01453 762409

[www.uplandsprimarystroud.co.uk](http://www.uplandsprimarystroud.co.uk)

<i>Office use only</i>	
£30 cash deposit received:	Date:
Sight of birth certificate:	Date:

Basic Details			
Child's Name:		Position in Family: (Eldest/youngest etc.)	
Date of Birth:		Gender:	
Child's Home Address & Postcode:			
Parents Full Name (1)		Parents Full Name (2)	
Parental Responsibility	Yes/No	Parental Responsibility	Yes/No
Collect from nursery	Yes/No	Collect from nursery	Yes/No
Fees Payable	Yes/No	Fees Payable	Yes/No
Contact in emergency	Yes/No	Contact in emergency	Yes/No
Does this parent have legal contact?	Yes/No	Does this parent have legal contact?	Yes/No
Does this parent have parental responsibility?	Yes/No	Does this parent have parental responsibility?	Yes/No
Parents Mobile No:		Parents Mobile Number:	
Home Tel No:		Home Tel No:	
Work Tel No:		Work Tel No:	
Email Address:		Email Address:	
<i>Please sign here to give consent to us using your email address to receive updates on your child's Learning Journal.</i>		<i>Please sign here to give consent to us using your email address to receive updates on your child's Learning Journal.</i>	
Name of parent(s) with whom the child <b>does not</b> live with:			
Address of parent who the child <b>does not</b> live with:			
Home Telephone No:		Mobile Tel No:	
Does your child currently attend another setting?		Yes/No (Please delete as appropriate & confirm setting)	

**Emergency Contact Details**

Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency. Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18 years of age.

**NOTE: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.**

Emergency Contact/Authorised Person 1

Name:

Home Tel No:

Mobile Tel No:

Relationship to child:

Emergency Contact/Authorised Person 2

Name:

Home Tel No:

Mobile Tel No:

Relationship to child:

**Security Details**

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.

**My secure password is:**

Additional Security Information

We have the safety and wellbeing of the children in mind at all times and we are sure that you will appreciate that persons known to you are strangers to us and we do need means of identifying those you have authorised to collect your child when you are unable to.

We as a setting and especially your child/children's key person will be familiar with you but we do not always have the opportunity to meet both parents. This is also true of your nominated emergency contacts and authorised persons. We therefore request that should anyone unknown to us be collecting your child that you inform us in advance and provide us with a photograph to enable us to identify them when they collect your child.

**Health Information**

Does your child suffer from any of the following: *(please tick those which apply)*

Asthma		Epilepsy	
Heart Condition		Kidney/Bladder problems	
Diabetes		Bee Sting Allergy	
Sight Impairment		Deafness	
Wears Glasses		Other	

If you have ticked any of the boxes above, please give details here:

Does your child require medication, either long term for existing conditions or life saving drugs such as Ventolin? *(Please give details of the medication and dosage)*

Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*  
If yes please give details below

Are your child's immunisations up to date: **Yes/No** *Please delete as applicable)*  
If No please give details below

Was you child premature: **Yes/No**

Does your child have any known allergies? **Yes/No** *(Please delete as applicable)*

If yes please give details below

Name of GP:

Surgery:

Address:

Tel No:

<b>Safeguarding Children</b>	
Does your family have a social worker for any reason?	<b>Yes/No</b> (Please delete as applicable)
Name:	Tel No:
Based at:	
What is the reason for the involvement of Social Services with your family?	
<p><b>FOR OFFICE USE</b> - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's named Child Protection file.</p>	

The following information is voluntary, and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

<b>Health Visitor</b>	
Name:	Tel No:
Based at:	
Has your child had their two-year-old progress check?	<b>Yes/No</b> (Please delete as applicable)
If so, on what date was this completed?	
Are you able to share this information with the setting?	<b>Yes/No</b> (Please delete as applicable)

The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

<b>Ethnicity and Cultural background</b>	
How would you describe your child's ethnicity/cultural background?	
What is the main religion of your family?	
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated whilst they are in our setting?	
What is/are the main language(s) spoken at home?	
If English is an additional language, will this be your child's first experience of being in an English-speaking environment? <b>Yes/No (Please delete as applicable)</b>	
<b>Special Educational Needs and Disabilities</b>	
Does your child have any special needs or disabilities? <b>Yes/No (Please delete as applicable)</b> If yes please give details below	
What (if any) special support will your child require in our setting?	
Has your child has any speech and language support <b>Yes/No (Please delete as applicable)</b> If yes please give details below	
Professionals involved with the child: <b>Yes/No (Please delete as applicable)</b>	
Name:	Name:
Agency:	Agency:
Role:	Role:
Tel No:	Tel No:

The following section contains information for which we need your consent. As required by data protection, we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

<b>Permissions and Consent - Medical Form</b>	
<p>I/We consent to any emergency treatment necessary during the running of the nursery session. You will be informed of any medical incidents or events by staff via text on the same day. In the unlikely event of an extreme medical emergency, where staff have been unable to contact myself or another family member, I/we authorise staff to sign any written consent form required by the hospital authority if the delay in getting a signature is considered by the doctor to endanger my child's life. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section.</p>	
<p>I/We parent(s)/guardian(s) of _____ <b>do/do not</b> give consent on my/our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.</p> <p>I/We do not agree to this statement and indicate our wishes as follows.</p> <p>Signatures of parent(s):</p> <p>Date:</p>	
<b>Please tick the statements below if you consent to the following:</b>	
	I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc
	I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting.
	I consent to my child having their photograph taken to be used for publicity purposes - school/nursery website, flyers.
	I consent to my child's photograph being used on the settings social media sites.
	I consent to my child's artwork (with their first name) being displayed in the setting.
	I consent to my child's photograph being used in Learning Journals of other children within the setting.
	I consent to my child being videoed for use by the setting staff only with regard to observational purposes either assessment of children, an activity or for monitoring children's progress or to put on my child's Learning Journal.
	I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary and relevant to my child.
	I consent to my child's Learning Journey being shared with Ofsted inspectors and/or as part of audits by the Local Authority.
	I give consent for a hypoallergenic plaster to be applied to my child if required.
<p>Please sign below to confirm your consent for the indicated statements above:</p> <p>Signature of Parent(s)/Guardian:</p>	

Children do best when parents/carers and other professionals work together. Please provide information below about other settings your child is currently or will be involved with to help with a smooth transition for your child.

I agree that Uplands Nursery may share information with my child's settings named above.  
I agree that the above settings can share information with Uplands Nursery.

Signed..... parent/carer

Date.....

I / We confirm that the information provided on this form is correct to the best of our knowledge.

Signature of Parent(s)/Carer(s):

Date:

Days & Times Attendance Required (Please circle)		
MONDAY	09:00-12:30	12:30-16:00
TUESDAY	09:00-12:30	12:30-16:00
WEDNESDAY	09:00-12:30	12:30-16:00
THURSDAY	09:00-12:30	12:30-16:00
FRIDAY	09:00-12:30	12:30-16:00

Date Required From:		
Age Of Child On This Date:	Years:	Months:

Eligibility Code for 30 Hrs Funding (if applicable)	
Parent Name:	Parent Date of Birth:
National Insurance No:	



## Nursery Terms & Conditions

For the health and safety of your child, please read and sign the following terms and conditions:

1. If your child is unwell, they must not attend nursery. If your child becomes unwell during the session we reserve the right to send them home.
2. If your child has had sickness and diarrhoea, they must be clear for 48 hours prior to returning to nursery.
3. Please notify the nursery of any absences or if you will be late.
4. Sun cream must be applied before the session and sunhats and sun cream must be provided and clearly named during the summer term.
5. We are open school term time only and are closed bank holidays and inset days - you will not be charged for these sessions.
6. Pick up is either at 12:30 for morning sessions or 16:00 for afternoon sessions or at an agreed time with the Deputy Early Years Practitioner. Late collections may be charged £5.00 per 15 minutes at the discretion of the staff.
7. A deposit of £30 cash is chargeable to secure your child's funded place. Once your child starts at nursery, the deposit will be refunded after the first month.
8. Please note that if you fail to take up the place, the deposit is non-refundable.
9. We must have at least 3 contact telephone numbers available to be able to contact your family in the event of an emergency. Parents must take responsibility to keep the numbers up to date.
10. Spare underwear and clothes should be provided by you for those inevitable accidents.
11. Please provide a suitable water bottle containing water for your child to access throughout the session(s), ensuring it is clearly named.
12. If your child has a minor accident, a first aider will treat them and you will be informed via text. If your child has had an accident at home, you must inform a member of staff.
13. The medical consent form must be signed for your child to attend the nursery.
14. All policies and procedures are available on the school website for you to access.
15. Sensible footwear must be worn in the setting, no crocs, flip-flops or heels due to physical play.
16. Where the nursery grant is not being claimed, fees must be paid in advance.
17. If your child attends another setting taking them over the 15 or 30 hour nursery grant entitlement, top up fees will apply and must be paid in advance.
18. Written and photographic observations will be used to make assessments of your child's development using Tapestry. We want parents/carers to be involved in this process by using 'WOW' vouchers.
19. The nursery follows the Statutory Framework for child protection and we prioritise safeguarding children.
20. The nursery can administer prescribed medication with signed permission from parents. Children must have been taking medication 24 hours before returning to nursery.
21. £5.00 per term is chargeable termly for snacks.
22. Non-funded hours will be charged at an hourly rate of £7.91, this amount will be reviewed annually.

I have read and agree to the above terms and conditions.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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