



CHILD REGISTRATION FORMS

PERSONAL DETAILS		
Name of child		Date of birth
Home address		
		Postcode
Position in family	Hair colour	Eye colour
Religion	Ethnic origin	
Nationality	Language(s) spoken at h	ome
Intended medium of education, e.g	g. English, Welsh	
Details of any disabilities/special ne	eeds	
How did you hear about us?	F	Preferred start date
ABOUT YOUR FAMILY		
Mother/carer		
TitleF	irst Name	
Surname	Pc	assword
Home address		
		Postcode
Home telephone number	Mc	bile
Home email		
Work address		
		Postcode
Work email		
Hours/days worked		
Responsibilities - (Tick all that apply)		
Parental responsibility Collect	child from nursery	
Payment of fees \(\sum_{\text{contact in or}} \)	mergency \square	









Father/carer

Title First	Name
Surname	Password
Home address	
	Postcode
Home telephone number	Mobile
Home email	
Work address	
	Postcode
Work email	
Hours/days worked	
Responsibilities - (Tick all that apply)	
Parental responsibility Collect ch	ild from nursery 🔲
Payment of fees	rgency
Other contacts - Contact One	
Title First	Name
Surname	Password
Home address	
	Postcode
Home telephone number	Mobile
Relationship to the child	
Responsibilities - (Tick all that apply)	
Collect child from nursery Contact	ct in emergency

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Other contacts - Co	ontact Two	
Title	First Name	
Surname	Pa	ssword
Home address		
		Postcode
Home telephone nu	mber Mol	oile
•	child	
Responsibilities - (Tic		
•	ursery Contact in emergency	
Collect of flia from the	disery [] Contact in entergency [
MEDICAL DETAILS		
Allergies		
•	e any allergies? 🔲 No 🔲 Yes - If yes, pleas	e give details of the cause/reaction
Immunisations Has your child had o	any of the following immunisations?	
Immunisation	Tick if child has had the immunisation	Date of immunisation
BCG		
Diphtheria		
HIB		
MMR		
Meningitis C		
Poliomyelitis		
Tetanus		
Whooping cough		











MEDICAL CONTACTS

Doctor's detai	ils	
Name of GP		Name of surgery
Surgery addre	288	
		Postcode
Telephone nur	mber	
Health visitor	's details	
Name of healt	h visitor	
Address		
		Postcode
Telephone nur	mber	
'		
Other agency	details	
Name		
Address		
		Postcode
Telephone nur	mber	
•		
Any other deta	ails that we should know about?	
_		
Sessions		
Please indicate	e your preferred sessions:	
Monday	Full Day 🗌	
Tuesday	Full Day 🗌	
Wednesday	Full Day 🗌	
Thursday	Full Day 🗌	
Friday	Full Day 🗌	

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OFFICE USE ONLY		
Input into nursery administration system (tick when	complete) on (date)	
Input by	Position	
Actual start date	Key worker	
Permission slips received		
Nursery trips agree disagree Emer	gency medication 🔲 agree 🔲 disagree	
Application of Sun Cream agree disagree	Photographs agree disagree	
MONITORING FORM	Ethnic origin	
Take up/usage	White	
1 – 15 hours per week	☐ British ☐ Irish Travller	
16 – 30 hours per week	☐ Mixed ☐ Other	
31 – 50 hours per week		
	Mixed	
_	☐ White & black African ☐ White & Asian	
Work/training	☐ White & black Caribbean ☐ Other	
Children in lone parent family		
A parent working full time (35 hours+)	Asian or Asian British	
A parent now working more than 16 hours	☐ Indian ☐ Pakistani ☐ Bangladeshi	
	Kashmir Other	
A parent now working less than 16 hours	Black or black British	
A parent now in higher/further education	Caribbean African	
A parent taking skills for life or step into learning	Other	
Parent(s) are not working/training	Chinese	
	Chinese Other	
	Other ethnic group	

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	OFFICE USE ONLY	
Financial support		
Parents access CTC		
Parents access WTC		
Parents access HE childcare access	fund support	
Parents access Care 2 Learn support	:	
Place sponsored by sure start local p	programme	
Place sponsored by regeneration sch	neme e.g. SRB	
Financial support from employer		
Receipt of 3 and 4 year old funding		
Receipt of 3 and 4 year old funding		

Additional needs

Cognition and learning difficulty
Behaviour, emotional and social development needs
Communication and interaction needs
Sensory and/or physical needs

Other/combination of needs

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