



## Child Registration Forms

### Personal Details

Name of child	Male / Female
Date of birth	Preferred start date
Home address	Postcode
Hair colour	Eye colour
Religion / Faith	Ethnic origin
Nationality	Position in family
Language(s) spoken at home	Intended medium of education, <i>e.g. English, Welsh</i>
Details of any special educational needs/disabilities	How did you hear about?

### About your family

	Mother/carer	Father/carer
Title		
First name		
Surname		
Password		
Home address		
Postcode		
Home number		
Mobile		
Personal email		
Work address		
Postcode		
Work number		
Work email		
Hours worked		
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Contact in emergency <input type="checkbox"/> Collect child <input type="checkbox"/>	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Contact in emergency <input type="checkbox"/> Collect child <input type="checkbox"/>



**Other contacts**

	Contact one	Contact two
Title		
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"/>	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		
Special Educational Needs:		
Medical History:		
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?		



**Sessions**

Please indicate your preferred sessions.

<b>Session</b>	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning only					
Afternoon only					
Extended morning					
Extended afternoon					
After-school care					
Breakfast care					
Wrap-around care					

<b>Meals</b>	Mon	Tues	Wed	Thurs	Fri
Breakfast					
Lunch					
Tea					

<b>Funded sessions</b>	Mon	Tues	Wed	Thurs	Fri
0 sessions					
1 session					
2 sessions					

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



**Temporary session amendment form**

Please complete this form if you require a temporary amendment to your child's sessions at **Shining Dawn**.

Name of parent .....

Name of child .....

Room .....

Date(s) if amended sessions .....

**Additional session(s) required**

	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning					
Afternoon					
Breakfast					
Lunch					
Tea					
Other (give details)					

Cost of additional sessions .....

Signed ..... Date .....

**Office use only**

Room head authorisation .....

Additional staff required (to meet ratios)? Yes/No

Staff name .....

Input into nursery administration system (tick when complete)  on (date) .....

Input by..... Position .....

Payment method .....



**Permanent session amendment form**

Please complete this form if you require a permanent amendment to your child's sessions at **Shining Dawn**.

As per our terms and conditions, one month's notice must be given if the number of sessions is to be reduced.

Name of parent .....

Name of child .....

Room .....

Start date for amended sessions  
.....

Please complete the sessions' form with the new sessions required and attach it to this amendment form.

Signed ..... Date .....

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**Office use only**

Manager/room head authorisation .....

Additional staff required (to meet ratios)? Yes/No

Staff name .....

Input into nursery administration system (tick when complete)  on (date) .....

Input by ..... Position .....

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of **Shining Dawn** which I have read and fully understand.

Signed..... Date .....

Print name.....

Relationship to child .....

Signed.....Date.....

Print name.....

Relationship to child .....

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**Office use only**

Input into nursery administration system (tick when complete)  n (date) .....

Input by .....

Position .....

Actual start date .....

Room .....

Key person .....

Permission slips received

Nursery trips  agree/disagree

Emergency medication  agree/disagree

Photographs  agree/disagree

**Communication Plan**

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

The preferred method is \_\_\_\_\_



### 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		Kashmir	
Parents access Care 2 Learn support		Other	
Place sponsored by regeneration scheme e.g. SRB		Black or black British	
Financial support from employer		Caribbean	
Receipt of 2 year old funding		African	
Receipt of 3 and 4 year old funding – 15 hours		Other	
Receipt of 3 and 4 year old funding – 30 hours			
		Chinese	
Additional needs		Chinese	
Cognition and learning difficulty		Other	
Behaviour, emotional and social development needs			
Communication and interaction needs		Other	
Sensory and/or physical needs		Other ethnic group	
Other/combination of needs			