



Registration Form

Child's Full Name _____
Ethnicity _____
Religion _____

D.O.B _____
First Language _____

Family Details

1st Parent/Carer Details

Full name _____
Address _____

Post code _____
Telephone _____
Mobile _____
Place of work _____
Work number _____
Email address _____

2nd Parent/Carer Details

Full name _____
Address _____

Post code _____
Telephone _____
Mobile _____
Place of work _____
Work number _____
Email address _____

Please indicate if you would like to have your newsletter in email or paper form (*delete as appropriate)

Please enter preferred e-mail address _____

Sibling Details

Full names & ages

Relevant family information (including who the child resides with)

Please indicate Days/Sessions Required

Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club []	Breakfast Club []	Breakfast Club []	Breakfast Club []	Breakfast Club []
After School []	After School []	After School []	After School []	After School []

Start Date Required _____

If you would like to book regular holiday club sessions, please indicate session times or if you're planning to book holiday clubs on an as and when basis please indicate.

I agree that I have Read & Understood Bumblebees Day Nursery (Plymouth) Ltd Terms and Conditions.

Signature _____ **Print Name** _____ **Date** _____

All information given on this form will be treated with strictest confidence and used only when necessary.



Medical Details

Doctors Name _____ Telephone _____

Surgery Address

Health Visitors Name _____ Telephone _____

I do/do not give permission for Bumblebees Day Nursery to contact the above named Health Visitor to discuss information concerning my child (*delete as appropriate).

Medical history (past and current)

Any known allergies

Dietary requirements or food you do not wish your child to consume

Any other information you wish to share with us? (e.g. any outside agencies involved with the family or additional needs of your child)

Collection Information

Child's Name _____ Personal password _____

It is important that we are informed of anyone else, apart from named Parents/Carers, who are authorised to collect your child.

Children will only be released into the care of authorised adults.

Authorised collector 1

Name _____
Relationship to child _____
Home telephone _____
Work telephone _____
Mobile _____

Authorised collector 2

Name _____
Relationship to child _____
Home telephone _____
Work telephone _____
Mobile _____

The collectors named above cannot be stopped from collecting your child unless a new form has been completed & signed.

I agree to inform you of any changes to the above list and I agree to my child being released into the care of those listed above.

Signature _____ **Print Name** _____ **Date** _____



Administration of Calpol

Bumblebees Day Nursery will administer a maximum of 5ml of Calpol in the event of your child having an unexpected raised temperature and in accordance with our Medication Policy. Calpol will only be given following telephone contact with the parent/carer.

I do/do not (*delete as appropriate) give permission for Bumblebees Day Nursery to administer a maximum of 5ml of Calpol to _____ (name of child) in the event of them having a raised temperature.

Signature _____ **Print Name** _____ **Date** _____

Emergency Treatment Consent

I agree to the registered person in the provision (or deputy in charge) taking the necessary steps to ensure that my child _____ (name of child) receives the best and most appropriate care, attention and treatment should there be an emergency or accident in the setting or while my child is on an authorised outing. I understand that the registered person or deputy in charge will make every effort to inform me of any emergency or accidents as soon as possible after the event but they may have to accompany _____ (name of child) to hospital in the case of a serious accident in my absence. I give my permission for the registered person in charge of Bumblebees Day Nursery or deputy in charge to authorise hospital staff to administer essential treatment until my arrival.

Signature _____ **Print Name** _____ **Date** _____

If you do not agree with any or all of the above declaration, please do not sign but make your views known in the space below. The registered person in charge of Bumblebees Day Nursery or deputy in charge will discuss this with you and do their best to accommodate your particular wishes.

Signature _____ **Print Name** _____ **Date** _____

Nursery Outings

This form is to give consent for Bumblebees staff to take your child on local outings outside the Nursery premises. Further consent would be required for transported outings.

I Do/Do not (*delete as appropriate) give consent for Bumblebees Day Nursery to take _____ (name of child) on outings outside of the nursery premises.

Signature _____ **Print Name** _____ **Date** _____



Media & Photography

Bumblebees will, at times, take photographic pictures of the children's activities to support their learning. The use of video recording may also be used on occasions to support the staff with their observational assessments. It is therefore necessary that we have your written consent, the photographs will either be displayed on the nursery walls for everyone to see or, led in a scrapbook for your perusal within the boundaries of the nursery only. The video evidence again can be viewed on request within the boundaries of the nursery only. We will at all times respect your child's privacy and their protection is paramount.

I do/do not (*delete as appropriate) give consent for Bumblebees Day Nursery to use and display photographs of:

_____ (name of child).

Signature _____ **Print Name** _____ **Date** _____

I do/do not (*delete as appropriate) give consent for Bumblebees Day Nursery to video:

_____ (name of child).

Signature _____ **Print Name** _____ **Date** _____

Sun Cream & Sun Hats

In order to fulfil our Health and Safety policy it is a requirement that parents must supply ONCE A DAY sun cream of SPF 30+ and hats for their child during the warm months. All sun cream and hats must be clearly labelled with your child's name and room. As an emergency measure Bumblebees will use BOOTS SOLTAN ONCE A DAY FACTOR 50, this will be used on the rare the occurrence that no sun cream has been provided for a child. It is not intended for daily use.

I do/do not (*delete as appropriate) give consent for Bumblebees Day Nursery to apply sun cream to:

_____ (name of child).

Signature _____ **Print Name** _____ **Date** _____

I Do/Do Not (*delete as appropriate) give consent for Bumblebees Day Nursery to apply nursery sun cream to:

_____ (name of child) in an emergency should no cream be provided.

Signature _____ **Print Name** _____ **Date** _____

Face Painting

From time to time at Bumblebees the staff and children have a chance to have their faces painted, if you would like your child to take part in the planned face painting activities, we would require signed consent.

I Do/Do Not (*delete as appropriate) give consent for Bumblebees Day Nursery to use face paints on:

_____ (name of child).

Signature _____ **Print Name** _____ **Date** _____