



Registration Form

Child's Full Name _____
Ethnicity _____
Religion _____

D.O.B _____
First Language _____
Parents' 1st Language _____

Family Details

1st Parent/Carer Details

Full name _____
Address _____

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

2nd Parent/Carer Details

Full name _____
Address _____

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

Contact 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. Please ensure that you tell any additional adults that you have given us their contact details so that we can contact them, if we are unable to speak to you, if your child is unwell, has an accident or is un-collected at the end of their session. If they have any questions or queries regarding this, please direct them to contact Bumblebees.

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 _____



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 filed 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 fulfill 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** _____