

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 _____
 Key Worker Y/N _____

2nd Parent/Carer Details

Full name _____
 Address _____

 Post code _____
 Telephone _____
 Mobile _____
 Place of work _____
 Work number _____
 Key Worker Y/N _____

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
8am-1pm []	8am-1pm []	8am-1pm []	8am-1pm []	8am-1pm []
1-6pm []	1-6pm []	1-6pm []	1-6pm []	1-6pm []
8am-6pm []	8am-6pm []	8am-6pm []	8am-6pm []	8am-6pm []

NB: If your child is pre-school age (3yrs+), please complete the enclosed Early Years Entitlement Funding (EYEF) Information Form instead.

Start Date Required _____

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 _____

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 Bumblebee’s 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 Bumblebee’s 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

In order to fulfill the Department of Education Foundation stage curriculum, 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. We will at all times respect your child's privacy and their protection is paramount. NB. Attached with our permission forms is a letter outlining the use of media for our Tapestry learning journey which will require your permission.

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** _____