

**Registration Form**

Full name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other name/s your child is known by:

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender the child named on this application form most identify with

(please circle) boy / girl

**Little Rainbows Day Nursery recognise that not all children identify with the gender they were assigned at birth. Or may identify as a gender other then male or female, however the current systems (set nationally) only record gender as male or female.**

**Please support the child named on this application form to choose the gender they most identify with. If they have another gender identify please leave this blank and discuss with the child named on this applications form key person.**

Full name, address and contact details of the parent/carer, the child named on this form lives with:

Parent/Carer full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact details:**

Home number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:

Relationship to the child named on this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Do you have full parental responsibility for the child named on this form

Please circle (YES/NO)

If no please state further information below

Full name, address and contact details of parent/carer, the child named on this form lives with:

Parent/Carer full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact details:**

Home number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child named on this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they have full parental responsibility for the child named on this form

Please circle (YES/NO)

If no please state further information below



If the child named on this form has a parent/carer they do not live with please put their details below:

Parent/Carer full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact details:**

Home number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:

Relationship to the child named on this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have full parental responsibility for the child named on this form

Please circle (YES/NO)

If no please state further information below



Names and contact information of any outside professionals the child named on this form is involved with:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for involvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for involvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for involvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is the child named on this form is on the child protection register*

*(please circle) YES/NO*

If the child named on this form is on the child protection register please do not include details. Ensure these are received by the social worker named above and keep this information securely in child’s folder.



Information about the child named on this form:

Is English the main speaking language within the home the child lives?

Please circle: YES/NO

If English is not the main language spoken at the home child lives, is this the first time the child named on this form is in an English speaking environment?

Please circle: YES/NO

If yes, please discuss and agree with the key person how you and the key person can work together to support the child while settling into Little Rainbows Day Nursery.

*Example: Photos of family, Key words to help staff communicate or picture timetable etc.*

Please note below what has been discussed and agreed upon to help the child named on this form settle into Little Rainbows Day Nursery.

What language(s) are spoken at home?

Child’s first language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s second language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s third language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s forth language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



How would you describe the ethnicity or cultural back ground of the child named on this application form?

***This information is being collected for the yearly census forms sent via Hounslow Council which is a statutory requirement on providers and local authorities through regulations under Section 99 of the Childcare Act 2006 and The Education (provision of information About Young Children) (England) Regulations 2009.***

What is the main religion of the child named on this application form?

***This information is being collected for the yearly census forms sent via Hounslow Council which is a statutory requirement on providers and local authorities through regulations under Section 99 of the Childcare Act 2006 and The Education (provision of information About Young Children) (England) Regulations 2009.***

Are there any festivals or celebrations the child named on this form celebrate and would like to share with us, so we can celebrate within the nursery?

Please circle YES/NO

If yes please specify below:



Any special support the child named on this form may require in the setting? (please circle) YES/NO

If YES please provide more information below:

Is there any medication that is needed to be administered to the child named on this application form?

(please circle) YES/NO

If YES please provide more information below:

Has the child named on this application form received a statement from an outside professional?

(please circle) YES/NO

If YES please provide more information below:

**Key person to complete:**

I have received a copy of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_statement.

Does the child named on this application form have an Education Health Care Plan? (please circle) YES/NO

If YES please provide more information below:

**Key person to complete:**

I have received a copy of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Education Heath Care plan.

Does the child named on this application form have Complex Medical Needs?

(please circle) YES/NO

If YES please provide more information below



Has the child named on this form had a Progress Check at the age of two years old? (please circle) YES/NO

If YES please give more information below:

**Key person to complete:**

I have received a copy of the Progress Check. Please tick: YES **O** NO **O**

If NO please state why and what has been discussed between you and the person/s completing this form below:

Does the child named on this application form have any allergies?

(please circle) YES/NO/NONE I/WE ARE AWARE OF

if YES please state allergie/s below:

Any medication required?

(please circle) YES/NO

If YES please give more details below:

GP information

Please provide the details of the GP known to the child named on this application form.

Name of GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP contact number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



*Do you have any concerns regarding the development of the child named on this form such as:*

Behavior, Social, Emotional difficulties? (please circle) YES/NO

If YES please provide more information below:

Auditory Impairment Disability (hearing impairment)

(please circle) YES/NO

If YES please provide more information below:

Visual Impairment? (please circle) YES/NO

If YES please provide more information below:

Speech and Language Delay? (please circle) YES/NO

If YES please provide more information below:

Any other information you feel is relevant regarding the child named on this application form?

*For example: What your child likes or dislikes? Do they have a comforter?*



**Other authorized adults who can collect the child named on this application form:**

It is important you inform the staff at Little Rainbows Day Nursery if someone other than the main parent/carer named on this application form is coming to collect the child.

Any other authorized adult you name below must have your unique password. The authorized adult must be over the age of 16 years old.

Please sign below to state you have read and understood the above statement:

Parent/Carer sign ………………………………….. Date…………………..

Print name………………………………………………….

**Authorized collection list**

Full name of authorized adult ………………………………………………………

Contact number of authorized adult………………………………………………..

Relationship to the child named on this application for …………………………

Full name of authorized adult ………………………………………………………

Contact number of authorized adult………………………………………………..

Relationship to the child named on this application for …………………………

Full name of authorized adult ………………………………………………………

Contact number of authorized adult………………………………………………..

Relationship to the child named on this application for …………………………

Full name of authorized adult ………………………………………………………

Contact number of authorized adult………………………………………………..

Relationship to the child named on this application for …………………………

**I/We agree to the above adult/s named on this application form can collect ………………………………from Little Rainbows Day Nursery using this password ………………………………………………………………………..**

Signed parent/carer ……………………………………………..

Print name…………………………………………………………

Date……………………………………..



**For key person to complete:**

**Days and Fees**

Days/sessions of the child named on this application form:

**Monday** **Tuesday**  **Wednesday** **Thursday** **Friday**

Am or PM AM or PM AM or PM AM or PM AM or PM

Full time Full time Full time Full time Full time

Is any of the following applicable to the child named on this application form:

3 & 4 year old funding (universal offer) – (please circle) YES/NO

If YES has a declaration form been completed? (please tick) YES **O** NO **O**

If NO please give more information below:

Is the child named on this application form entitled to 15 additional hours?

(please tick) YES **O** NO **O**

If YES has the relevant information been provided such as 30 hour code?

(please tick) YES **O** NO **O**

If NO please provide more information below:

Free Entitlement for two year olds (2 year old funding) –

(please circle) YES/NO

If YES has a declaration form been completed? (please tick) YES **O** NO **O**

If NO please give more information below:

*Please advice parent/carer no funding will be provided unless ALL information requested on the funding declaration form is completed/given.*

Any Fees payable? (please circle) YES/NO

If YES please put more information below:



**For Key person to complete:**

Has the parent/carer named on this application form been given a key person fact sheet? (please circle) YES/NO

If NO please give more information below:

Setting in process been explained and agreed? (please circle) YES/NO

If YES please provide more information below:

If NO please provide more information below:



**Permissions:**

**First Aid:**

I/We (please deleted appropriately) I/We DO/DO NOT give consent for all staff at Little Rainbows Day Nursery that hold a current First Aid certificate to administer first aid to the child named on this application form.

Signature/s………………………………………… Date………………………….

**In case of emergency:**

I/We (please deleted appropriately) DO/DO NOT give consent for staff at Little Rainbows Day Nursery to take the child named on this application form to hospital in emergency cases.

Signature/s………………………………………… Date………………………….

**Outings:**

I/We (please deleted appropriately) DO/DO NOT give consent to the child named on to application form to be taken on short trips by the staff at Little Rainbows Day Nursery. I/We are aware this will be without notice.

Signature/s..……………………………………….. Date………………………….

**Pictures:**

I/We (please deleted appropriately) DO/DO NOT give consent for staff at Little Rainbows Day Nursery to take photos of the child named on this application form. I/We have been made aware why photos are being taken, how they are being stored and what they will be used for.

Signature/s……………………………………….. Date…………………………

**Filming:**

I/We (please deleted appropriately) DO/DO NOT give consent for staff at Little Rainbows Day Nursery to film the child named on this application form.

I/We have been made aware why the filming will be done how it will be stored and what it will be used for.

Signature/s………………………………………… Date………………………..



**Contract:**

I/We have been informed of Little Rainbows Day Nursery settings Policy and Procedures.

I/We have been informed of Little Rainbows Day Nursery Late Policy. I/We are aware the late fee charge is £1.00p a minute.

I/We have been made aware of Little Rainbows Day Nursery Complaints Policy and Procedure. (which is also displayed on the main notice board inside the reception area) I/We are aware in the unlikely event of a complaint, I/We know what the steps are and where to go.

I/We understand there may be circumstances where our information could be shared without my/our consent. This will ONLY be when it is a Safeguarding concern for a child or vulnerable adult.

I/We have been made aware of how our information we will be stored and the reasons why the information we have provided is being collected. I/We have been made aware of Little Rainbows Day Nursery’s Privacy Notice.

I/We have been made aware of whom my/our information will be shared with and why.

I/We understand if fees apply to the child named on this application form then I/We know fee’s still apply if I/We take the child away on holiday or if the child is off nursery due to sickness or any other reason.

I/We are aware when Little Rainbows Day Nursery close fees do not apply.

I/We are aware if fees apply to the child named on this application form they are due on or before the 7th of each month and the late fee will be applied at £5.00 a day if paid after this date.

*For more information please see Little Rainbows Day Nursery Policy and Procedures.*

Signature …………………………………………………..

Print name…………………………………………………. Date…………………..

Signature …………………………………………………..

Print name…………………………………………………. Date…………………..

Any other information