



# Little Monkeys Day Nursery & Pre School

## Child Registration Form

### Child's Personal details:

First name:			
Surname:			
Date of birth:			
Home address:			Post Code:
Position in family:			
Hair colour:		Eye colour:	
Religion:			
Ethnic origin:			
Nationality:			
Language(s) spoken at home:			
Intended medium of education, e.g. English, Welsh:			
Details of any disabilities/special needs:			
How did you hear about Little Monkeys Day Nursery?			
Preferred start date:			

### About your family:

Mother/Carer:					
Title: (please ✓ box)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other
First name:					
Surname:					
Contact Password:					
Home address:				Postcode:	

Home tel number:		Mobile:		
Home email:				
Work address:		Postcode:		
Work tel numbers:		Work Mobile:		
Work email:				
Hours worked				
Responsibilities: (✓ all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees	<input type="checkbox"/>
	Collect child from nursery	<input type="checkbox"/>	Contact in emergency	<input type="checkbox"/>
<b>Father/Carer</b>				
Title: (please ✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other			
First name:				
Surname:				
Contact Password:				
Home address:		Postcode:		
Home tel numbers:		Mobile:		
Home email:				
Work address:		Postcode:		
Work tel number:		Work Mobile:		
Work email:				
Hours worked:				
Responsibilities: (✓ all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees	<input type="checkbox"/>
	Collect child from nursery	<input type="checkbox"/>	Contact in emergency	<input type="checkbox"/>
Who would you like us to contact first regarding your child?		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	

**Other contacts**

<b>Contact one:</b>			
Title: (please ✓ box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> other		
First name:			
Surname:			
Relationship to the child:			
Contact Password:			
Address:		Postcode	

Home tel number:		Mobile:	
Responsibilities (✓ all that apply)	Collect child from nursery <input type="checkbox"/>	Contact in emergency <input type="checkbox"/>	
Contact two:			
Title:			
First name:			
Surname:			
Relationship to the child:			
Contact Password:			
Address:			Postcode:
Home tel number:		Mobile:	
Responsibilities: (✓ all that apply)	Collect child from nursery <input type="checkbox"/>	Contact in emergency <input type="checkbox"/>	

### **Medical details**

Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please ✓ one)
If yes, please give details of the cause and reaction:	
Does your child have any special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please ✓ one)
If yes, please give details:	

Has your child had any of the following immunisations?  Please ✓ and date:	Immunisation:	✓	Date of immunisation:
	BCG	<input type="checkbox"/>	
	Diphtheria	<input type="checkbox"/>	
	HIB	<input type="checkbox"/>	
	MMR	<input type="checkbox"/>	
	Meningitis C	<input type="checkbox"/>	
	Poliomyelitis	<input type="checkbox"/>	
	Tetanus	<input type="checkbox"/>	
Whooping cough	<input type="checkbox"/>		

(Doctor) GP details:	
Name:	
Name of surgery:	
Address:	
	Postcode:
Telephone number:	
Health visitor details:	
Name:	
Address:	
	Postcode:
Telephone number:	Mobile:
Other agency details:	
Name:	
Address:	
	Postcode:
Telephone number:	Mobile:
Any other details that we should know about?	

### Sessions

Please ✓ your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:	
Signed:	Date:

**Office use only**

Manager/room head authorisation	
Additional staff required (to meet ratios)?      Yes <input type="checkbox"/> No <input type="checkbox"/> (please ✓ one)	
Staff name:	
Input into nursery administration system (✓ when complete) <input type="checkbox"/> :	Date:
I agree to abide by the terms and conditions and policies and procedures of Little Monkeys Day Nursery & Pre School which I have read and fully understand.	
Signed:	Date:
Print name:	
Relationship to child:	

**Office use only**

Input into nursery administration system (✓ when complete)	Date:
Input by	
Position	
Actual start date	
Room	
Key person	

**Permission slips received (✓ as required)**

Nursery trips:	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
Emergency medication:	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
Photographs:	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>

**Communication Plan**

Please ✓ method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please ✓ all that apply with your preferred method at the bottom:		
Face to face: <input type="checkbox"/>	Email: <input type="checkbox"/>	Telephone: <input type="checkbox"/>
Via paper documentation, e.g. daily diary, observation sheets: <input type="checkbox"/>		
The preferred method is:	Face to face: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone: <input type="checkbox"/> Paper documentation: <input type="checkbox"/>	