

INGREBOURNE DAY NURSERY

Ingrebourne Day Nursery, Ashbourne Road, Romford, Essex, RM3 7YT.

Tel: 01708 379 880 **Email:** info@ingrebournedaynursery.com

REGISTRATION FORM

CHILD'S NAME _____ AGE _____ DATE OF BIRTH _____

NAME USED COMMONLY AT HOME _____ MALE [] OR FEMALE [] PLEASE TICK

HOME ADDRESS _____

_____ POSTCODE _____

NAME OF PRIMARY OR MAIN CARER _____

TELEPHONE 1 _____ TELEPHONE 2 _____ TELEPHONE 3 _____

RELATIONSHIP TO CHILD _____

CHILD'S NHS NUMBER (CAN BE FOUND ON MEDICAL CARD OR FROM GP) _____

RELIGION (IF APPLICABLE) _____ ETHNIC ORIGIN _____

LANGUAGE/S SPOKEN AT HOME _____

IF YOU WOULD LIKE TO RECEIVE NEWSLETTERS/MEMOS ELECTRONICALLY PLEASE PROVIDE YOUR E-MAIL ADDRESS BELOW:

CARE OPTIONS: (PLEASE TICK OPTION REQUIRED)

FULL DAY CARE []

Lunch and Snacks provided. Please tick days required.

Monday 9am – 3pm	Tuesday 9am – 3pm	Wednesday 9am – 3pm	Thursday 9am – 3pm	Friday 9am – 3pm
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EXTENDED DAY CARE []

Breakfast, Lunch, Tea and Snacks provided. Please tick days required.

Monday 8am – 6pm	Tuesday 8am – 6pm	Wednesday 8am – 6pm	Thursday 8am – 6pm	Friday 8am – 6pm
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FLEXIBLE CARE []

Bookable per hour with Snacks provided, however, there is a small charge for Breakfast, Lunch and Tea.

If you know the number of hours/days per week and the number of weeks you require flexible care for please complete the section below. If this is likely to change from week to week please leave this section blank, tick the **FLEXIBLE CARE** box above and we will contact you to discuss your individual requirements.

START DATE (Week Commencing): _____ END DATE (Week Commencing): _____

Hours/Days Required Per Week:

Monday From: To: Total Hours:	Tuesday From: To: Total Hours:	Wednesday From: To: Total Hours:	Thursday From: To: Total Hours:	Friday From: To: Total Hours:
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PLEASE TICK THE BOXES IF ANY OF THE FOLLOWING ARE IN PLACE FOR YOUR CHILD

Health Care Plan	Child Protection	2YO Funding Code -
Looked After Child	Severe Allergy/Epilepsy	30 Hours Funding Code -
Speech & Language	IEP/Child Passport	Special Guardianship Order

MEDICAL HISTORY

GP NAME _____ PRACTICE NAME _____

PRACTICE ADDRESS _____

_____ POSTCODE _____

TELEPHONE _____ FAX _____

Does your child have any medical conditions (including allergies) ? If yes please tell us about this:

Has your child been treated at hospital as an In Patient or Out Patient in the last 2 years? If yes please tell us about this:

Office use only:

Action Required by Nursery / Is **Medical Agreement** Required?

Does your child have any Sensory Impairments or Special Educational Needs (SEN)? If yes please tell us about this:

Office use only:

Action Required by Nursery:

Does your child have any special dietary requirements, customs or beliefs (dress code, hair, skincare or toilet and washing routines etc) or particular cultural need which you would like us to observe, particularly in the event of a medical emergency? If yes please tell us about this:

PREVIOUS NURSERY ATTENDED: _____ **DATES:** _____

REASON FOR LEAVING IF APPLICABLE _____

EMERGENCY CONTACT REGISTER

INGREBOURNE DAY NURSERY

Persons named on this register are required to collect the child **within one hour** of notification. As the Parent or Primary Carer your signature is confirmation that the person/s nominated by you understand and agree to this condition. The information provided on this form is the only personal data we keep regarding your nominated Emergency Contact/s. You are responsible for ensuring they are aware of the settings Privacy Notice regarding GDPR (data protection, given to you with your contract & available to view on our website) before you add their name/s to this register and your signature is confirmation that your obligation regarding this responsibility has been fulfilled. As there is a limited privacy impact & a request for consent is likely to be disruptive to the nominee/s we consider that legitimate interests may be assumed in this instance. **Please provide 1x recent passport sized photo, signed & dated on the reverse by the Parent/Primary Carer, for each nominee.** Those emergency Contacts without photo ID cannot be verified by the Nursery Manager and will be excluded from this Register.

CHILDS NAME _____ **Date of Birth** _____

PASSWORD _____

PARENT/PRIMARY CARER NAME _____

SIGNATURE _____ **DATE** _____

1ST CONTACT FULL NAME _____

RELATIONSHIP TO CHILD _____

ADDRESS _____

_____ **POSTCODE** _____

TELEPHONE ONE _____

TELEPHONE TWO _____

NURSERY MANAGER SIGNATURE (PHOTO ID VERIFIED) _____

2ND CONTACT FULL NAME _____

RELATIONSHIP TO CHILD _____

ADDRESS _____

_____ **POSTCODE** _____

TELEPHONE ONE _____

TELEPHONE TWO _____

NURSERY MANAGER SIGNATURE (PHOTO ID VERIFIED) _____

3RD CONTACT FULL NAME _____

RELATIONSHIP TO CHILD _____

ADDRESS _____

_____ **POSTCODE** _____

TELEPHONE ONE _____

TELEPHONE TWO _____

NURSERY MANAGER SIGNATURE (PHOTO ID VERIFIED) _____

EMERGENCY MESSAGING

CONTACT NAME _____ **NUMBER** _____

NEW CHILD & PARENT OR CARER DETAILS

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

CHILD'S NAME _____ DOB _____

FIRST LANGUAGE SPOKEN _____ ETHNIC ORIGIN _____

HOME ADDRESS _____ POSTCODE _____

PARENT OR CARER DETAILS (ONE FOR SINGLE PARENTS & TWO FOR COUPLES)

Please complete the section below to enable us to access any funding your child may be entitled to.

1ST

PARENT/CARER FIRST NAME _____ SURNAME _____

DATE OF BIRTH _____ N.INS.NO _____

CONTACT NUMBER _____ EMAIL ADDRESS _____

2ND

PARENT/CARER FIRST NAME _____ SURNAME _____

DATE OF BIRTH _____ N.INS.NO _____

CONTACT NUMBER _____ EMAIL ADDRESS _____

PARENTAL AGREEMENT

I agree to the Local Authority using the information provided to enable my child's nursery to claim funding that my child may be entitled to including Early Education Entitlement and Early Years Pupil Premium. I understand that my personal information is held securely and will only be used for the administration of early years funding. The information I have given on this form is complete and accurate.

1ST

Signature of _____ Print _____
 Parent/Carer _____ Name _____ Date _____

2ND

Signature of _____ Print _____
 Parent/Carer _____ Name _____ Date _____

Signature of _____ Print _____
 Nursery Manager _____ Name _____ Date _____

Ingrebourne Day Nursery

Ashbourne Road

Romford RM3 7YT

Tel: 01708 379880

Email: info@ingrebourndaynursery.com

My Favourite Story is...

My Favourite Nursery rhyme is...

My favourite foods to eat are...

Drawing/Photo of Me

All About Me At Home

My Name:

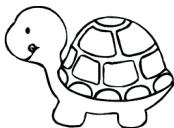
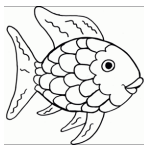
My Age:

My Birthday:

Who I live with...

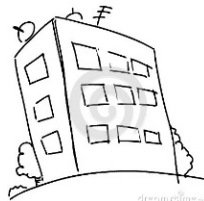
Who looks after me?

I also have a... (Child to colour in)



Other

I live in a... (Child to colour in)



Flat

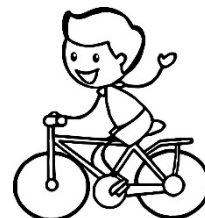


House



Bungalow

How I travel to Nursery... (Child to colour in)



Other