

# THE OLD STATION HOUSE DAY NURSERY

The Old Station House Day Nursery, 22 Collier Row Lane, Romford, Essex, RM5 3BP.

Tel: 01708 755 247 Email: info@theoldstationhousedaynursery.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: \_\_\_\_\_

<b>Monday</b> From: To: Total Hours:	<b>Tuesday</b> From: To: Total Hours:	<b>Wednesday</b> From: To: Total Hours:	<b>Thursday</b> From: To: Total Hours:	<b>Friday</b> 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**

**THE OLD STATION HOUSE 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** \_\_\_\_\_

**EMERGENCY MESSAGING**

**CONTACT NAME** \_\_\_\_\_ **NUMBER** \_\_\_\_\_

**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)** \_\_\_\_\_

THE OLD STATION HOUSE DAY NURSERY  
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

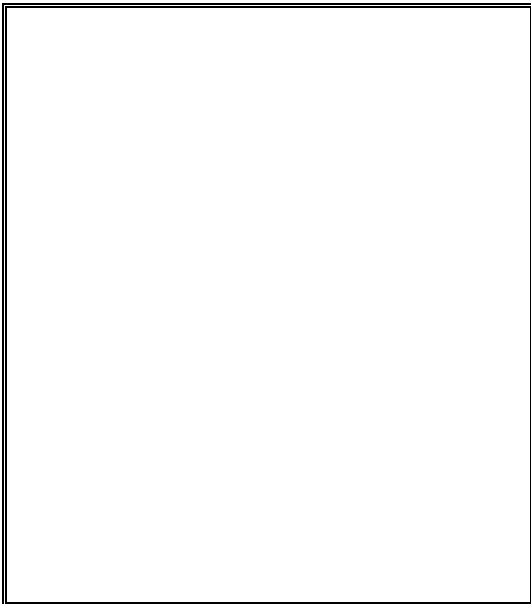
I agree to the Local Authority using the information provided to enable my child's nursery to claim funding that my child may be entitled to including Early Education Entitlement and Early Years Pupil Premium.

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 Parent/Carer \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

2ND  
Signature of Parent/Carer \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Nursery Manager \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



Drawing/Photo of Me

# All About Me

## At Home

My Name:

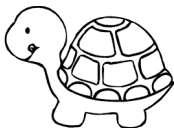
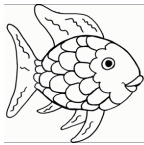
My Age:

My Birthday:

Who I live with...

Who looks after me?

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



Other

The Old Station House Day Nursery

22 Collier Row Lane

Romford RM5 3BP

Tel: 01708 755247

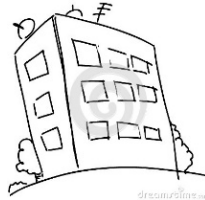
Email: [info@theoldstationhousedaynursery.com](mailto:info@theoldstationhousedaynursery.com)

My Favourite Story is...

My Favourite Nursery rhyme is...

My favourite foods to eat are...

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



Flat



House



Bungalow

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



Other