



Registration form

Bilingual Day Care Nursery
Loudwater Farm
Loudwater Lane
Chorleywood
Hertfordshire
WD3 5EH
01923 896072
details@merrywoods.co.uk

Registration form for Merry Woods Bilingual Day Care Nursery

Basic details

Name of child _____ Date of birth _____

Name known as _____

Name of parent/s with whom the child lives

1 _____

Does this parent have parental responsibility? Yes/No (delete)

2 _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

Name of parent with whom the child does not live

3 _____

Does this parent have parental responsibility? Yes/No (delete)

Address of this parent _____

Telephone _____ Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

Parent 1 - Work/daytime contact number

Parent 2 - Work/daytime contact number

Any other emergency contact details

Name

Telephone

Mobile

Name

Telephone

Mobile

Persons authorised to collect the child (must be over 16 yrs of age)

Name

Relationship to child

Telephone

Mobile

Name

Relationship to child

Telephone

Mobile

Transport Required?

Does your child require picking up and/or dropping off? Yes/No (delete)

Approximate pick up time

AM/PM

Approximate drop off time

AM/PM

Approximate distance from Merrywoods Nursery

Miles

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home

Does your child have any special needs or disability? Yes/No (delete)

Details

What special support will he/she require in our setting?

What other information is it important for us to know about your child? For example, medical condition, allergies. Please specify

Names of professionals involved with child

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____
Do you have a health visitor?		Yes/No (delete)	
Name	_____	Based at	_____
Telephone	_____		
Does your family have a social care worker for any reason?			Yes/No (delete)
Name	_____	Based at:	
Telephone	_____		

What is the reason for the involvement of social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

What other information is it important for us to know about your child? What they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Your child may have their photograph taken with Merry Woods. If you would not like your child's photograph to be used in Merry Woods literature, please tick here.

To be completed by the key person/manager

Date starting at _____ (name of setting)

Days and times of attendance _____

Are any fees payable? If so, note here _____

Name of key person _____

Name of back up key person _____

Has the settling-in process been agreed? Yes / No (Delete)

If so, detail _____

I/We DO / DO NOT consent for my/our child(ren) to be taken out as a part of the daily activities of the setting. I/We understand that our further consent will be requested for major outings.

I/We DO / DO NOT consent for the staff to take my/our child(ren) to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I/we have been informed and are on my/our way to the hospital.

Signed by

Parent 1	_____	Parent 2	_____
Key person	_____	Manager	_____
Date	_____	Date or first review	_____