

Child Registration Form – Chugger’s Day Nursery & Preschool

Personal Details

Name of child*			
Date of birth*			
Gender*			
Home address*			
Postcode			
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 Chugger’s Day Nursery?			
Preferred start date (DD/MM/YY) *			

About your family

Mother/carer*	
Title*	
First name *	
Surname*	
Password*	

* Mandatory fields

Home address* (Please bring proof of address) Postcode					
Home telephone number*					
Mobile*					
National Insurance number *					
Email Address*					
Work name & address*					
Work telephone numbers*					
Responsibilities* (Tick all that apply)	<table border="0"> <tr> <td>Parental responsibility</td> <td>Payment of fees</td> </tr> <tr> <td>Collect child from nursery</td> <td>Contact in emergency</td> </tr> </table>	Parental responsibility	Payment of fees	Collect child from nursery	Contact in emergency
Parental responsibility	Payment of fees				
Collect child from nursery	Contact in emergency				

Father/carer					
Title*					
First name *					
Surname*					
Password*					
Home address* (Please bring proof of address) Postcode					
Home telephone numbers*					
Mobile*					
National insurance number*					
Email*					
Work name & address					
Work telephone numbers*					
Work email *					
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Parental responsibility	Payment of fees				
Collect child from nursery	Contact in emergency				

* Mandatory fields

Other contacts

Contact one			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	Contact in emergency	
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	Contact in emergency	

Medical details

Does your child have any allergies? *	Yes / No (please circle)
If yes, please give details of the cause and reaction	
Does your child have any special dietary requirements? *	Yes / No (please circle)
If yes, please give details	
Name of GP*	
Name of surgery *	
Address	
Postcode	

* Mandatory fields

Telephone number	
Health visitor details *	
Name	
Address	
Postcode	
Telephone number	
Other agency details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	

Nursery attendance *

Please indicate your preferred hours for example Monday 08:00am – 5:30pm.

Mon	Tues	Wed	Thurs	Fri

Would you like nursery meals to be provided? * (Please circle) Yes / No

Do you require a place for term-time only? * (Please circle) Yes / No

Funding *

Is your child in receipt for any of the following funding?

Type of Funding	Please Circle	
2 year old funding (if yes, you must provide us with the letter to confirm eligibility)	YES	NO
30 hours funding (if yes, please provide the 11-digit code and the national insurance number used for the application below)	YES	NO
11 digit code..... NI Number		

*Please note, if your child is funded, and is all year round, the funding is stretched so they will receive 11 hours or 22 hours per week rather than 15/30 hours. You must confirm eligibility for the 30 hours code every 3 months. Food becomes an additional cost when your child becomes funded.

* Mandatory fields

Permission * Please circle Yes or No for each permission and sign and date each permission.

Permission	Please Circle	Sign	Date
Take photos of your child, to use in the child's profile	YES NO		
Use photos of your child for advertising (on the nursery website, social media, newspapers and other forms of advertising)?	YES NO		
Take your child on nursery outings, when an appropriate risk assessment has been performed?	YES NO		
Permission to administer sun cream?	YES NO		
Permission to administer prescription medication?	YES NO		
Permission to have adhesive dressings applied?	YES NO		
Permission to have face painted?	YES NO		
Permission for the following creams to be applied:			
Sudocrem	YES NO		
Bepanthen	YES NO		
Metanium	YES NO		
Others, please state	YES NO		

Registration checklist – Please ensure you complete all of the below to avoid a delay in your child starting nursery.

	Tick if complete
Proof of address (utility bill or bank statement within the last three month)	
Birth Certificate of the child you are registering	
Signed contract	
Invoice payment & Deposit	

* Mandatory fields