Registration Form

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| Child’s Full Name: Home Address:DOB: |
| Main Contact Name:Relation to Child: | Mobile Tel:Home Tel:Work Tel:Email: |
| 2nd Contact Name:Relation to Child:Permission to collect child from nursery? Y/N | Mobile Tel: Home Tel:Work Tel:Email: |
| Emergency Contact:Name:Permission to collect child from nursery? Y/N | Mobile Tel:Home Tel:Work Tel: |
| Password: | How did you hear about Orchard Trees? |
|  Start Date Required:………………………………. Session Details (circle both for all day) Mon Tues Wed Thurs Fri Nursery Tea? Y / NAM PM AM PM AM PM AM PM AM PM Nursery Lunch? Y / N |
| Medical Needs (a detailed medical plan will be made if necessary)Allergies: Require an Epi-Pen? Y/NDisability:On-going Medical Conditions/illness: GP Surgery:Is your child up to date with childhood immunisations? Y/N (please provide details if not)Can Orchard Trees Childcare Ltd seek help/advise in a medical emergency? Y/NCan First Aid be administered by trained Orchard Trees Practitioners? Y/NCan Orchard Trees Childcare Ltd administer Calpol to your child if their temperature exceeds 38 Degrees C? Y/NCan Orchard Trees Childcare administer Piriton if your child is stung/bitten by an insect or is suffering from hayfever? Y/N Can Orchard Trees Childcare Ltd apply nursery sun cream to your child ? Y/NCan your child have their face painted? Y/N |
| Other Needs/Information (a detailed care plan will be made if necessary):Dietary Requirements:SEN:Exclusions from celebrating special events/religious holidays e.g. Christmas/Birthdays:Involvement from Children’s services:Any Other additional Needs/Information |

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| All information provided on this form is up to date and correct at the time of registration  | **Y/N** |
| I agree to update Orchard Trees childcare Ltd if my child’s circumstances or any contact details change | **Y/N** |
| I have signed and returned the Terms and Conditions | **Y/N** |
| I have signed and returned the Photograph Permissions | **Y/N** |
| I have signed and returned the Data Privacy notice | **Y/N** |
| I have paid the £25 Registration Fee | **Y/N** |
| I have brought a copy of my child’s Birth certificate | **Y/N** |
| **Signed: Date:** |

Please ensure you have completed and return all forms and information

Office Use Only

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| All forms Checked: | Invoice Sent: |
| Details Entered on Famly: | HV and Trial Booked: |
| Confirmation Letter Sent: | Key Person Assigned: |