

Child's Details

Child's First Name(s):	Child's Surname:
Name Used (if different from above):	Date of Birth:
Address of child	Siblings:

Parent's Details

Parent or Carer (1) with whom the child lives:

First Name(s):	Surname:	
Relationship to Child:	Occupation:	
Home Address (if different from above)	Work Address:	
Home Phone No:	Office Phone No:	
Mobile Phone No:	E-Mail:	
Does this person have legal "Parental Responsibility" for the child?		YES / NO

Parent or Carer (2) with whom the child lives:

First Name(s):	Surname:	
Relationship to Child:	Occupation:	
Home Address (if different from above)	Work Address:	
Home Phone No:	Office Phone No:	
Mobile Phone No:	E-Mail:	
Does this person have legal "Parental Responsibility" for the child?		YES / NO

Parent with whom the child does NOT live:

First Name(s):	Surname:	
Relationship to Child:	Occupation:	
Home Address (if different from above)	Work Address:	
Home Phone No:	Office Phone No:	
Mobile Phone No:	E-Mail:	
Does this person have legal "Parental Responsibility" for the child?		YES / NO

Name of any people who have been given the legal right to have contact with this child by a court (if applicable): It is a legal requirement that we have these details for EYFS-age children (0-5yrs). Information on parental responsibility is available at www.direct.gov.uk.

First Name(s):	Surname:
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Alternative Emergency Contacts

Emergency Contact (1):

First Name(s):	Surname:
Relationship to Child:	Contact Number:

Emergency Contact (2):

First Name(s):	Surname:
Relationship to Child:	Contact Number:

Pick Up Permission

Persons permitted to pick up my child:

Full Name:	Relationship:	Contact Number:
Collection Password:		

Additional Information About Your Child

Nationality:	Languages Spoken:
Ethnic Origin:	
Religion:	Is your child left or right handed:
If English is not the main language at home will this be your child's first experience of being in an English-speaking environment?	
YES / NO	
Details of any cultural or religious observances that should be taken into account when caring for your child (e.g. diet, dress, religious holidays):	

Child's Doctor:

Surgery:	Address:
Doctor's Full Name:	
Contact No:	

Child's Health Visitor:

Based at:	Address:
Full Name:	
Contact No:	

Social Worker:

In accordance with Child Protection legislation, if your child has a Social Worker you are required to legally inform the nursery. This information is for our records only is kept confidential.

Do you have an assigned Social Worker? YES / NO	Address:
Full Name:	
Contact No:	

Allergies, Phobias and Dietary Requirements:	
Does your child have any allergies or phobias (e.g. to animals)?	YES / NO
If yes, please give details:	
Does your child have any special dietary needs?	YES / NO
If yes, please give details:	
Other Concerns:	
Does your child have any pre-existing medical condition?	YES / NO
If yes, please give details:	
Are there any problems you would like to discuss e.g. speech, sight, hearing?	YES / NO
If yes, please give details:	
Special Needs/Disability:	
Does your child have any special needs or disability?	YES / NO
If yes, please give details:	
Are any of the following in place for your child?:	
Early Action	YES / NO
Early Action Plus	YES / NO
Statement of Special Education Need	YES / NO
What support will he/she require in our setting?	
Other Settings:	
Previous Playgroup/Nursery:	
Proposed Primary School:	
Child's Other Nursery Setting:	Address:
Contact No:	
Key Person:	
Can Early Days Nursery share general information with your child's other setting?	YES / NO

Authorisations and Permissions

Terms and Conditions/General Information

I have read both the Terms and Conditions and the general information contained in the 'What to Expect' sheet in our Welcome Pack. I acknowledge my understanding and acceptance of the details and the terms and conditions contained therein, especially with regards to **notice period** and **late payment of fees**.

Signed:

Date:

OFSTED and Complaints

I have seen the OFSTED Registration Certificate for Early Days Nursery School and have been given a copy of the Early Day's complaints procedure which includes an address and telephone number for OFSTED.

Signed:

Date:

Accident and Emergency

In the event I cannot be reached, I hereby give my permission for staff at Early Days Nursery School to seek any necessary emergency medical advice or treatment for my child (named above). I understand that every effort will be made to contact those persons named above before such action is taken.

Signed:

Date:

Field Trips

I hereby give permission for my child (named above) to leave Early Days Nursery School's premises under the supervision of staff members for the Ipsden Park and neighbourhood nature and interest walks.

Signed:

Date:

Transportation

I hereby give permission for my child (named above) to be transported by car/reputable coach (if applicable).

Signed:

Date:

Pick Up Permission

I hereby give permission for my child (named above) to be collected from Early Days Nursery School by those persons listed with pick up permission. They will use our secure password as detailed. It is my responsibility to notify the nursery in writing of any changes.

Signed:

Date:

Photographs

We take photographs during our nursery day to be used as evidence for OFSTED or to make books, folders, projects, publicity, etc. We would like permission for photographs of your child, on occasion, to be used in advertising materials and on the Early Days' website : www.earlydays-nursery.co.uk. Photographs may also, from time to time, appear in other printed and electronic media accessible to the public (e.g. local newspapers) in connection with Nursery events.

Signed:

Date:

Sleeping

I hereby give permission for my child (named above) to sleep in a push chair (if applicable).

Signed:

Date:

Nappy/Clothes Changing

I am happy for Early Days' staff to change my child (named above)'s nappy/clothes when appropriate, taking into consideration my child's privacy and well-being.

Signed:

Date:

Tapestry

I hereby give permission for my child (named above) to have a Learning Journal created on Tapestry. I understand that photographs will be taken and uploaded which may include group photographs of all children for their Tapestry profile.

Primary Email Address for my Tapestry Account:

Other email addresses that I would like to allow access to my child's Learning Journal are: (e.g. second parent, grandparents, other relatives):

Full Name:

Relationship:

Email:

Signed:

Date:

Data Protection and GDPR

Your registration form and any other personal information that is shared with Early Days Nursery Ltd is not shared with any other company by us with the exception of Oxfordshire County Council, to secure Government funding, and with private childcare voucher providers. Personal information is held with us both digitally and in hard copy and is secured. Upon registration with us, Early Days does use your email address to put you on our own private emailing lists to be able to forward you information such as Class Newsletters and other pertinent information concerning your attendance at Early Days. We do not sell or share your email address to other companies, it is used purely for us to contact you through our business.

I hereby give permission for my email to be added to the email list. YES / NO

Signed:

Date: