

Whitefriars Children's Nursery Ltd – Registration form		Code:
Child's Full Name:		Date of Birth:
Ethnicity:	Sex:	
Who has parental responsibility: (parents listed on the birth certificate)		Date of birth:
Child's Address and Post Code:		
Names and address(es) of parents/guardians (please include the name and address of parents who do not live with the child)		
Home telephone number:		
Parent/Guardian 1:	Mobile Number:	
Place of work and contact number:		
Parent/Guardian 2:	Mobile Number:	
Place of work and contact number:		
Please provide two other names and telephone numbers for a relative/friend who can be contacted if we cannot get hold of the child's parents in an emergency:		
1) Name:	Relationship to child:	Tel:
2) Name:	Relationship to child:	Tel:
I have gained permission to share these details with Whitefriars Nursery <input type="checkbox"/>		
Name:	Relationship to child:	
Please provide details of any persons (over the age of 18 years) who are allowed to collect your child from the setting:		
Please tick the sessions required below:		
Days of Week	Morning session	Afternoon Session
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
I/We wish to apply for the admission of the above named child to Whitefriars Nursery. I have received a 'Summary of Policies' and agree to comply with all conditions.		
Signed:		Date:
Date I wish my child to start:		
Name, address and telephone number of child's doctor:		
Health Visitor Name:		
Details of all injections/immunisations received by child:		
Please give details of any allergies, illnesses or religious requirements (indicating if certain food and drinks should not be given)		

Please give details of any previous settings attended or still attending:

Please read through the list below and initial against each item to say you give permission for us to administer/use:

- 1) Baby wipes
- 2) Sudocrem
- 3) Calopol (we will contact you prior to administration)
- 4) Sun cream
- 5) Plasters 6) Witch Hazel

For any other medicines parents will be asked to sign a separate form.

Please sign below to state that you agree with the following statement: *We reserve the right to remove your child to the nearest hospital or seek advice from outside agencies, in the event of an accident, sudden illness or deterioration in a child's well-being. (parents would be informed as soon as possible)*

Signature:

After reading the section headed 'Outings' in the prospectus please sign below to give your permission for nursery to take your child on local outings.

Signature:

Please sign below to give permission for nursery to take photographs of your child to use in nursery and in our files, photographs may also be used in the local paper on special occasions or on the nursery website.

Signature:

As part of our registration we are required to complete observations on your child on a regular basis, this forms part of the child's learning journey. We have requirements to share information with yourselves the parents, any other settings your child attends and others such as OFSTED. You can view your child's file as and when required and will receive a copy when your child leaves Whitefriars. Please sign below to give your consent.

Signature:

Please sign below to give your permission for us to sign your child up to Capture education for the purpose of tracking your child's development.

Signature:

Please provide an email address for use with Capture and for newsletters

etc.....

Whitefriars Nursery collect this data for the purpose of registering your child at Whitefriars nursery, we collect this data to meet the legal requirements of the Early Years Foundation Stage. It will be shared with the Child's Key Person and relevant staff within the setting and if necessary those listed in the Privacy Statement. This registration form will be kept securely in a locked filing cabinet at Whitefriars Nursery and will be kept for 3 years after your child leaves Whitefriars or until our next Ofsted inspection. Please note if you would like to exercise any of your data rights as listed in the Privacy statement please contact us. If you continue to have concerns about the way your data is handled, you have the right to contact the Information Commissioners Office (ICO) – Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk/

How did you hear about us? Please tick as appropriate:

Previously had a child at Whitefriars

St Fillan's surgery screen

Friend or relative recommended

Website