



Password:.....

Registration Form (Confidential)

Full name of childD.O.B.....

Male/Female Name usually known by.....

Home Address

Post CodeTelephone Number

Mother's Details

Name Mobile.....

Work No..... Email address.....

Occupation.....

Father's Details

Name Mobile.....

Work No..... Email address.....

Occupation.....

Emergency Contact: (Different from above – should we not be able to contact either parent – this is a legal requirement)

Name Relationship

Address

Telephone NumberMobile.....

Start Date

Attendance Required:

	8am – 1pm	1pm – 6pm	Full Day(7.30-6pm)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please indicate the names of persons who will be collecting your child from nursery.

.....

***Please attach a photograph of all named persons above.**

Please be aware that your Child will not be allowed to leave the nursery with any other person unless prior notice is given.

Doctors Name: Telephone :.....

Address.....

Health visitor Telephone :.....

Address.....

Health Visitor liaison information (27 month check) **YES/NO**
(if not please notify us when this takes place)

Is your child registered with a dentist? **YES/NO**

Does your child have other agency involvement (shared nursery place, Speech therapist etc)

.....

Does your child have any Additional Support Need (please include allergies etc.)?

.....

Please give details of any immunisations your child has received.

.....

Are there any foods or drinks, which should not be given to your child on religious or medical grounds?

.....

Is there anything else we should know about your child? (Family circumstances etc.)

.....

I understand and consent to my child being taken locally on short walks e.g. to the local park/library bus and that I will be informed beforehand if the trip is to be further afield.

SignatureDate

I hereby consent to Cranston Country Nursery staff administering basic first aid, treatment of minor cuts, bumps or bruises. I will be informed of any accident and asked to sign an accident form. In the case of a more serious accident/illness my child will be taken immediately to a doctor or the nearest hospital and I will be informed as soon as possible. I also give my consent to a medical decision being made in my absence by medical staff.

SignatureDate

Occasionally within the establishment we will photograph or video your child for displays, record keeping, newsletters or possibly publicity i.e. Nursery Website: Nursery Facebook Page.

Are you happy for your child's photograph to be taken and used for this purpose **YES/NO**

I understand and acknowledge that the fees due for nursery place isper calendar month and is paid one month in advance, directly into the bank and is non- refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the nursery. I understand that failure to pay said fees may result in loss of childcare provision.

Signature Date

In accordance with The Children & Young People (Scotland) Act 2014 Cranston Nurseries Ltd are required to ensure that we "Get It Right for Each Child"(GIRFEC) and will share information and work with other agencies to secure any support that may be required by a child and their family.

Any information held and processed by the Company for the purpose of care/education of your child shall be processed only in accordance with the Data Protection Act 1998

PASSWORD..... Date Completed.....

All about me

My name isI am known as.....

My date of birth

I will be picked up from nursery by * Mummy/Daddy/Grandmother Grandfather/other *please circle)

Mummy's name is Daddy's name is

Grandmother's name is

Grandfather's name is.....

My other important person is.....

He/she is my (relationship to child)

My Daily Routine (when I sleep/eat)

I have sisters and brothers and their names and ages are:

.....

I have pets and their names are:

My favorite toys are

I like