

Child Registration Form



Please fully complete all details and return form to your preferred Sunny Day Nursery.
See www.sunnvdays.co.uk for address details.

Child's Personal Details

Child's full name _____ Known name _____

Date of birth (or edd) _____ Child's gender *circle one* > Male or Female

Home address _____

Postcode _____

Religion _____ Ethnic origin _____

Nationality _____ Language (s) Spoken _____

Any additional needs _____

Child's Medical Details

Allergies: Does your child have any allergies? *circle one* > YES or NO ... if yes, please give details of causes and reactions

Dietary requirements: Does your child have any special dietary requirements? *circle one* > YES or NO ... if yes, give details

Medical conditions: Does your child have any medical conditions or needs? *circle one* > YES or NO ... if yes, give details

Immunisations: Has your child had any of the following immunisations? ... *please tick boxes and date as appropriate below ...*

bcg date _____

meningitis c date _____

poliomyelitis date _____

hib date _____

tetanus date _____

diphtheria date _____

mmr date _____

whooping cough date _____

Doctor's details

Name of GP _____ Tel No _____

Surgery & Address _____

_____ Postcode _____

Child Registration Form



Primary Carer Details

Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Responsibilities *(tick boxes as apply)*

Parental responsibility specify *i.e. mother/father/etc* _____

Collect child from nursery/play club Fee Payer Contact in emergency

For use with Parent Portal Date of birth _____ Password _____ 8 characters

Invoices are available online via our **PARENT PORTAL** for which you need an 8 character password. If you prefer paper invoices tick

Work name & address _____

Postcode _____ Work Tel Nos _____

Work Email _____

Other Carer Details

Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Responsibilities *(tick boxes as apply)*

Parental responsibility specify *i.e. mother/father/etc* _____

Collect child from nursery/play club Fee Payer Contact in emergency

Work name & address _____

Postcode _____ Work Tel Nos _____

Work Email _____

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Other contacts

Contact 1 Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Relationship to child specify *i.e. auntie/grandmother/etc* _____

(tick boxes as apply)

Collect child from nursery/play club Fee Payer Contact in emergency

Contact 2 Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Relationship to child specify *i.e. auntie/grandmother/etc* _____

(tick boxes as apply)

Collect child from nursery/play club Fee Payer Contact in emergency

PLEASE COMPLETE for PLAY CLUB CHILDREN ONLY

School and address attending *(if applicable)* _____

_____ Postcode _____

Tel.No. _____ Class _____ Teacher _____ Sch day ends at _____

Do you require a Play Club place for following? *tick boxes appropriate* term time breakfast holidays

Do you give permission for your child ...

please tick boxes as you permit >>

to participate in local outdoor activities that we may decide to do during the session your child attends?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

travel in Sunny Days vehicles to visit local attractions/activities e.g. beach, gardens/parks, Play Loft, etc?

<input type="checkbox"/>	<input type="checkbox"/>
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to be included in recorded observations being made by staff for his/her Profile, and college courses?

<input type="checkbox"/>	<input type="checkbox"/>
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authorisation for emergency medical treatment, should you or your named contacts be unobtainable?

<input type="checkbox"/>	<input type="checkbox"/>
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for a member of staff to apply sun cream/block, supplied by yourself, to your child as appropriate?

<input type="checkbox"/>	<input type="checkbox"/>
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to be photographed for his/her Development Profile, Sunny Days training and promotional purposes?

<input type="checkbox"/>	<input type="checkbox"/>
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Child Registration Form



Agreement

I/we agree to abide by this Agreement between us the Primary Carer/Other Carer/Other Person and Sunny Day Nurseries Ltd.

I/we agree to abide by and adhere to Terms & Conditions, and Policies & Procedures issued by Sunny Day Nurseries Limited.

I/we understand that Sunny Day Nurseries Terms & Conditions and Policies & Procedures are not intended to be exhaustive, if any anomaly arises then I/we fully accept and agree to any final determination/decision by a Director of Sunny Day Nurseries Ltd.

I/we understand that it is our responsibility to inform and update Sunny Day Nurseries Ltd in writing with any changes to our child's and to our family details which I/we provide on this Registration Form i.e. home address, emergency contacts, work, etc.

I/we will be choosing to book our childcare using: Sessions or Hourly
tick boxes as appropriate

Preferred payment methods:
tick boxes as appropriate >>

Direct Debit	<input type="checkbox"/>	Credit / Debit Card	<input type="checkbox"/>
Standing Order	<input type="checkbox"/>	Nursery Vouchers	<input type="checkbox"/>
Cheque	<input type="checkbox"/>	EY Entitlement	<input type="checkbox"/>
Cash	<input type="checkbox"/>	Other – tick & specify	<input type="checkbox"/>

specify other >

Signed – both Primary Carer and Other Carer to sign plus any other person responsible for child and/or payment of fees:-

Primary Carer _____ Relationship to Child _____ Date _____

Other Carer _____ Relationship to Child _____ Date _____

Other Person _____ Relationship to Child _____ Date _____

Other Person _____ Relationship to Child _____ Date _____

Signed _____ Position _____ on behalf of Sunny Day Nurseries Ltd

For monitoring purposes it would be helpful if you could tell us how you heard about us and also why you have decided to book your child with Sunny Days. Many thanks

FOR OFFICE USE ONLY

Discounts: Sibling NHS form received

Starting Date:

Sessions: Hourly:

Entered on Abacus by:

Entered Date:

Auto Booking Form complete:

Funded hours only? Yes No