

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/cultural 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* _____

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Doctor's details

Name of GP _____ Tel No _____

Surgery & Address _____

_____ Postcode _____

Health Visitor's details

Name of HV _____ Tel No _____

Location/Address _____

_____ Postcode _____

Child's Additional Learning Needs Details

Is your child currently receiving support for any additional learning needs? *circle one* > YES or NO ... if yes, please give details of the learning needs and support in place

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

Work name & address _____

Postcode _____ Work Tel Nos _____

Work Email _____

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Other Carer Details

Title _____ Full name _____

Home address _____

Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Responsibilities Parental responsibility specify *i.e. mother/father/etc* _____
(tick boxes as apply)

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

Work name & address _____

Postcode _____ Work Tel Nos _____

Work Email _____

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

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PLEASE COMPLETE for PLAY CLUB CHILDREN ONLY

School attending (if applicable) _____

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

PERMISSIONS

Yes No

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?

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

to be included in recorded observations being made by staff for his/her Profile, and college courses?

authorisation for emergency medical treatment, should you or your named contacts be unobtainable?

for a member of staff to apply sun cream/block supplied by the nursery to your child as appropriate?

to be photographed for his/her Development Profile?

to be photographed for Sunny Days training purposes?

to be photographed for Sunny Days promotional purposes including website and social media?

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: Fixed Booking Account Flexible Booking Account

tick boxes as appropriate

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Preferred payment methods:
tick boxes as appropriate >>

| | | | |
|--------------------|--------------------------|------------------------|--------------------------|
| Direct Debit | <input type="checkbox"/> | Credit / Debit Card | <input type="checkbox"/> |
| BACS Transfer | <input type="checkbox"/> | Employer Vouchers | <input type="checkbox"/> |
| Tax Free Childcare | <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: Permanent Booking Form complete:
 Entered on MIS by: Entered Date:
 Fixed Booking Account: Flexible Booking Account: