

Mohair Centre Nursery Registration Form

The Mohair Centre is committed to the Safeguarding and the promotion of the welfare of all children and young people.

CHILD'S DETAILS

Child's Full name:

Date of Birth:

Language Spoken at home:

Ethnicity/Culture:

Religion:

PARENT'S/CARERS DETAILS.

Name: Relationship to the child: Address: Postcode: Home Telephone No: Mobile Telephone No: Occupation: Place of Work: Work Telephone No:	Name: Relationship to the child: Address: Postcode: Home Telephone No: Mobile Telephone No: Occupation: Place of Work: Work Telephone No:
Email Address:	Email Address:

**Please ensure we have an email contact as we send newsletters, invoices and nursery information via email.

EMERGENCY CONTACT DETAILS SOULD WE BE UNABLE TO CONTACT YOU.

Name:	Telephone No:	Relationship:
Name:	Telephone No:	Relationship:
Name:	Telephone No:	Relationship:

Please provide a password for emergencies if the person who regularly collects your child is unable to:

.....

Who does the child permanently live with

Are there any contact restrictions for the child: Yes / No please indicate.....

Does your child attend another Early Years setting? Please indicate which one and how many sessions:

Can we contact them: Yes/ No

Are any other professionals involved with your child / family e.g. ISEND team, Speech and language, Children's Social Care Team, Keyworker Team or any Adult Services:

Please give details:

.....

MEDICAL DETAILS

Doctor's Name:

Surgery Address:

Telephone No:

Health Visitor's Name:

Telephone No:

Known Allergies:

Medical conditions:

Special Dietary requirements:

Any Other Information you feel we should know:

We require parental consent. Please sign to give consent.

- In the event of an emergency I give permission for the nursery to seek emergency medical advice/ assistance

.....

- I give permission for the nursery to keep records about my child

.....

- I give permission for the application of sun cream

.....

- I give permission for the application of nappy cream

.....

If Nappy cream is prescribed by the doctor a separate medication form will need to be completed.

Digital photograph and film footage permission

I/we give permission for the Mohair Centre, to take photographs or film footage (taken on the nursery iPad only) of my child for the reasons we have indicated.

Please tick which statements you give permission for, thank-you.

- to support the Mohair Centre’s staff course-work
- to support the Mohair Centre’s promotional literature
- to support the Mohair Centre Newsletter, e-mailed to all parents
- to support the Mohair Centre’s website
- other publications, such as the local newspaper
- the Mohair Centre’s scrapbooks/publicity/displays on site

I give permission for photographs to be used to record my child’s learning and development, to support observation & assessment and these photos will be found in your child’s Learning Journey.....(sign)

I understand that my child’s photographs may appear in the same frame as a photograph used in another child’s learning journey.....(sign)

Please note any photographs or video footage stored electronically will be stored securely. By law the Mohair Centre is registered with the Information Commissioner’s Office (ICO) as a data controller. For further information please read our full photograph and film footage policy and or visit the ICO website at: <http://www.ico.gov.uk>

Child’s name	
Date	
Parent/Carer(s)’ name	
Parent/Carer(s)’ signature	
Date	
Parent/Carer(s)’ name	
Parent/Carer(s)’ signature	

Please indicate a start date for your child:.....(subject to availability)

We would like our child to attend **all year / term time only** (please circle one)

CARE REQUIRED	Please tick sessions required			
Day	8am -1pm	8am-3pm	8am-6pm	1pm-6pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

If you are claiming Two Year Old Funding Please enter the voucher code here.....

(Funded Two Year Old Places are only offered 1pm to 6pm)

Please indicate how you will be paying nursery fees : BACS directly into our account / Child care vouchers/ cheque or cash.

If you will be paying via child care vouchers which voucher company will you be using.....

Please use the child's name as a reference when paying with voucher's or directly into our bank account to help us track payments. ALL FEES ARE DUE ON THE 1st OF THE MONTH PAID IN ADVANCE

I/we wish to register my/our child for the above sessions. I agree once a place has been confirmed for my child, I will be **bound by the settings policies, procedures and the terms and conditions of the nursery as provided in the parent handbook.**

SIGNED.....Parent/Guardian DATE:

Please return the completed form to: Liz Cogger

Mohair Centre, Brickfield Farm, Lewes Road, Laughton BN8 6JG

Email: nursery_mohaircentre@hotmail.co.uk