

## NURSERY REGISTRATION FORM

Child's Information		
<b>Legal Surname:</b>	<b>Legal Forenames:</b>	<b>Boy/Girl</b>
<b>Preferred Forename:</b>	<b>Siblings</b>	
	<b>Name</b>	<b>Relationship</b> (e.g. brother/sister)
	<b>School/ Pre-School attended</b>	
<b>Date of birth:</b>	<i>Birth certificate seen</i> Y/N	<i>Signed by staff member</i>
<b>Country of Birth:</b>		
<b>Address:</b>		
<b>Post Code:</b>	<b>Home Tel No:</b>	
Do both parents live at this address? Y/N		
If no, please give details of who has parental responsibility.		
<b>Mobile No to use for school messaging service:</b>		
<b>Last school/nursery attended:</b>		

Parent/Carer Information	
Please give details of <b>all</b> adults who have parental responsibility, and then anyone else who should be contacted in the event of an emergency or illness.	
<b>Name Primary Carer 1:</b>	<b>Name Primary Carer 2:</b>
Address: (if different from above)	Address: (if different from above)
Relationship to child:	Relationship to child:
Parental responsibility Y/N	Parental responsibility Y/N
Daytime Tel No:	Daytime Tel No:
Mobile Tel No:	Mobile Tel No:
Email Address:	Email Address:
<b>Alternative Contact Name 1</b>	
Address:	
Daytime Tel No:	Mobile Tel No:
Relationship to child:	Parental responsibility Y/N
<b>Alternative Contact Name 2</b>	
Address:	
Daytime Tel No:	Mobile Tel No:
Relationship to child:	Parental responsibility Y/N

Persons other than those authorised to collect a child must be over 16 years of age. If that person is not indicated on the register, staff will check with parents/carers before releasing a child.

Password for the collection of a child by authorised persons \_\_\_\_\_

### Medical Information

Doctor:	Tel No:
Surgery Address:	
<b>Medical conditions/disability</b> – please provide details including names of any external agencies involved	
<b>Food allergies</b> – please detail name and nature of allergy and what action is required	
<b>Other allergies</b> – e.g. Antibiotics, Plasters, Bee Stings etc.	
<b>Dietary Information</b> – Please provide details of any special dietary needs	
<b>Asthma</b> YES / NO (please circle)	
If your child suffers from Asthma <b>you must complete</b> an Asthma Card. These can be collected from the school office	
<b>Medical Consent</b>	
Do you consent to a member of staff seeking any necessary emergency medical advice or treatment for your child whilst they are in the care of Kelsall Primary and Nursery School?	
YES / NO (please circle)	
Do you authorise the Principal or in his absence a senior member of staff to sign any written form of consent required by a hospital if any delay in getting your signature would be considered by a doctor to endanger your child's health/safety?	
YES / NO (please circle)	
Signed .....	Date .....

### Health & Development

Has your child received the following immunisations? <i>Please confirm and provide date of immunisations given.</i>			
<b>Two months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Rotavirus vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Three months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, second dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Meningitis C vaccine.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Rotavirus, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Four months old</b>	5-in-1 (DTaP/IPV/Hib) vaccine, third dose - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Between 12 and 13 months old</b>	Hib/Men C booster - Haemophilus influenza type b (Hib), fourth dose and meningitis C, second dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	MMR vaccine – mumps, measles and rubella.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Pneumococcal (PCV) vaccine, third dose.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
<b>Two to three years</b>	Flu vaccine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

**Three years and four months or soon after**

MMR vaccine, second dose – mumps, measles and rubella.

Yes  No  Date:

4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio.

Yes  No  Date:

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*For internal use:* Has the child's health record book been seen to confirm immunisation dates? Yes  No

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Does your child require a health care plan? Yes  No  If yes please provide details

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If your child is aged three years or over, does he or she have difficulty with any of the following:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Speaking and communicating                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Listening and attending                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Understanding simple instructions          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Eating and drinking                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sitting and sharing a book                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Walking and climbing                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Rolling a ball                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Holding a crayon                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Socialising with adults and other children | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Using the toilet                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Putting on their shoes and socks           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Any other concerns:

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Does your child have any special needs or disabilities? If so, please specify:

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Are any of the following in place for the child?

- |                                 |     |                          |    |                          |
|---------------------------------|-----|--------------------------|----|--------------------------|
| SEN action plan                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Education, Health and Care Plan | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

What special support will he/she require in our setting?

## Two year old progress check – children aged 24 – 36 months

If your child is aged between 24-36 months, has a two year old progress check already been completed for your child?

Yes  No

Setting completing check

Date completed

*As per the requirements of the Early Years Foundation Stage, we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.*

### General information

What is your child's usual sleep pattern?

Does your child have any food preferences?

Yes

No

Does your child have a pacifier i.e. dummy or thumb?

Yes

No

Does your child have a special toy or object they might bring with them?

Yes

No

What sort of things does your child enjoy doing at home, i.e. drawing or cooking?

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use.

Does your child need a bilingual support plan?

Yes

No

If so, discuss and agree with the key person how [we/I] can work together to support your child when settling-in:

### Key Persons - information

Each child joining the setting will have a key person appointed to them. It will be the key person's responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child's key person may change as your child progresses through the setting. You will be notified of these changes. Your child's key person is your first point of contact for anything you wish to discuss about your child's development. Your child's key person will introduce themselves to you with an email or when you are settling your child into our setting.

Agreed starting date:

Days and times of attendance:

School meal required or bringing a packed lunch?

Has the settling-in process been agreed? Yes  No

If so, please specify:

Would you like a home visit before your child starts in nursery? Yes  No

Please sign below to indicate that the information given on this form is accurate and correct, that you agree to the above statements and you will notify us immediately of any changes as they arise.

**I confirm I have read and agree to the terms and conditions of the Nursery Fees Policy.**

**Signature:** ..... **Print Name:** ..... **Date:** .....

*Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority, School Health and with the DfE.*