Busy Bodies, Lower Galdeford, Ludlow, Shropshire, SY8 1RZ. 01584877654 busybodieschildcare@outlook.com

**Busy Bodies Child Care Centre Ltd**

**Registration Form**

**Key Information**

|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s First Name(s) |  |
| Known As |  |
| Date Of Birth |  |
| Gender |  |
| Religion |  | Ethnicity |  |
| First Language |  |
| Any Other Language spoken |  |
| **Parent/Carer 1**  | Relationship to the child  |  |
| Parental Responsibility  |  Yes |  No |
| Name |  |
| National Insurance Number |  |
| Driving Licence Number |  |
| Date Of Birth |  |
| Address |  |
|  |
|  | Post Code |  |
| Email Address  |  |
| Telephone Number  | Home |  | Mobile |  |
| Place of Work |  |
| Telephone Number |  | Ext. |  |
| Able To Collect Child | Yes |  | No |  |
| **Parent/Carer 2** | Relationship to the child |  |
| Parental Responsibility  |  Yes |  No |
| Name |  |
| National Insurance Number |  |
| Date Of Birth |  |
| Address |  |
|  |
|  | Post Code |  |
| Email Address |  |
| Telephone Numbers  | Home |  | Mobile |  |
| Place of Work |  |
| Telephone Number |  | Ext. |  |
| Able To Collect Child | Yes |  | No |  |
|  |
| Do any other individuals have Legal contact arrangements with the child  |  Yes |  No |
| If Yes please provide details below and a copy of relevant documentation  |
| **Emergency Contacts Other Than Parents/Carers** |
|  | Contact No. 1 | Contact No. 2 |
| Name |  |  |
| Relationship ToChild |  |  |
| Address |  |  |
| Tel. No |  |  |
| Mobile No. |  |  |
| Password forCollecting child |  |  |
| As security is of the utmost importance we request that you inform the nursery of any delay or changes to collection arrangements. The person collecting your child should be known to the nursery and be aware of your chosen password. If someone different to the normal is collecting your child we need to know in advance. Not informing us in time will result in us not allowing the child to go with the unknown stranger. **Sessions Required** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Start Time |  |  |  |  |  |
| Finish Time |  |  |  |  |  |
| Additional Requirements |  |  |  |  |  |
| Start Date |  |

**Medical Details**

|  |  |
| --- | --- |
| Doctors Name: |  |
| Address |  |
| Tel. No. |  |
| Health Visitor Name |  |
| Address |  |
| Tel No. |  |
| Does your child have a Personal Child Health Record book (Red Book) If yes, please bring to induction visit. |  Yes |  No |
|  |
| Are there any other services involved with the child or family ? |
| Family Nurse  |  Yes | No  | Date Involvement commenced |  |
| Name  |   |
| Contact Information and Telephone Number  |  |
| Social Worker  |  Yes | No | Date Involvement commenced |  |
| Name |  |
| Contact Information and Telephone Number  |  |
| Speech and Language  |  Yes |  No | Date Involvement commenced |  |
| Name  |  |
| Contact Information and Telephone Number  |  |
| Healthy Young Minds |  Yes |  No | Date Involvement commenced  |  |
| Name |  |
| Contact Information and Telephone Number  |  |
| Any Other Service | Date Involvement Commenced  |  |
| Main Service Provided  |  |
| Main Contact Name  |  |
| Contact Information and Telephone Number  |  |

**Immunisations – Please Tick If Your Child Has Been Vaccinated Against The Following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Diphtheria |  |  | Tetanus |  |  |
| Hib |  |  | Mumps |  |  |
| Measles |  |  | Rubella |  |  |
| Polio |  |  | Whooping Cough |  |  |
| Details Of Other Vaccinations |  |
| Has Your Child Had Any Infectious Diseases? | Yes |  | No |  |
| If Yes Please Give Details |  |

**Individual Requirements and Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has Your Child Any Food Allergies or Special Dietary Requirements? | Ye |  | No |  |
| Please Give Details |  |
| Are There Any Foods You Do Not Want Your Child To Have? | Yes |  | No |  |
| Please Give Details |  |
| Has Your Child Any Cultural Or Religious Requirements? | Yes |  | No |  |
| Please Give Details |  |
| Any Other Details That May Be Useful |  |

|  |
| --- |
| **Consents** |
| **Medical Treatment** |
| **I hereby give consent for the staff of Busy Bodies Childcare Centre to** … |
| Administer Emergency First Aid  | Yes | No |
| Seek Emergency medical and dental attention including hospital treatment if it is deemed necessary  | Yes | No |
| Administer medication  | Yes | No |
| To apply a plaster when necessary  | Yes | No |
| To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream hat and appropriate clothing during the summer months | Yes | No |
| Signature…………………………………………………. Date ………………………………………… |
|  |
| **Outings** The Registration Form gives Busy Bodies consent, if signed, to take your child on routine outings from the Nursery e.g. Park, Walk in the woods, Library etc. but a specific letter will be sent out to all parents/carers, in advance, to give specific consent for organised trips. |
| **I hereby give consent for the staff of Busy Bodies Childcare Centre to** … |
| To take my child on local visits and outings |  Yes |  No |
| Signature…………………………………………………. Date ……………………………………… |
|  |
| **Photographs** Busy Bodies will not identify any child by name where images are used for publicity or on the internet |
| **I hereby give consent for the staff of Busy Bodies Childcare Centre to** … |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery  | Yes | No |
| Use photographs of my child taken at Busy Bodies Childcare Centre in another child’s file or diary (as a group) | Yes | No |
| Use photographs of my child in newsletters | Yes |  No |
| Use photographs of my child on the nursery website  | Yes | No |
| Use photographs of my child for advertising purposes | Yes | No |
| Use photographs of my child on our Facebook Closed Group | Yes | No |
| Signature…………………………………………………. Date ………………………………………… |
|  |

|  |
| --- |
| **Sharing information** |
| **I hereby give consent for the staff of Busy Bodies Childcare Centre to** … |
| Share information about my child with other agencies such as :Speech and Language, Health Visitors, Special educational need support  | Yes | No |
| Where children receive education and care in more than one setting the EYFS requires practitioners to share relevant information with each other. In line with his we will actively seek opportunities to share information about your child with any other practioner (childminder, school, etc) who care for your child.  | Yes | No |
| Signature................................................................ Date...................................................................**Please note staff will share information without consent if they are concerned about the welfare of the child** |

**I/we will inform the Manager or a member of staff if any changes or incidents which may be relevant to the care of my child.**

**I/ we are aware that in order to retain my child’s place there are no discounts when my child is absent for reasons such as holidays or sickness.**

**I/ we will need to give 4 weeks written notice to terminate my child/ childrens place at Busy Bodies.**

**I / we have been shown where the polices and procedures are and have been given a welcome pack.**

**I / we understand that 5ecurring overdue fees will result in the termination of registration without prior notice and action will be taken through a dept collection agency to recover any outstanding fees to the nursery.**

|  |
| --- |
| **AGREEMENT**I agree to comply with the terms and conditions set out by Busy Bodies Childcare CentreSigned…………………………………………………………Date………………….......Name……………………………………………………………………………………...... |

Staff use only

Date Received………………………………Date Acknowledged……………………………………

Staff Name…………………………………………………………..Date……………..………….……

* Copies of this form must be kept on the premises at all times
* Form will be kept for 2 years (Ofsted purposes) and 21 years for legal purposes