

**Detailed Registration Form**  
PLEASE COMPLETE IN BLOCK CAPITALS

<b>Child's Full Name:</b>				
<b>Child Known As:</b> (please include 'nick' names if used often)		<b>Date of Birth:</b>		<b>Sex:</b> <b>Male</b> <b>Female</b>
<b>Full Address:</b>				
<b>Home Tel No:</b>				
<b>Parent/Carer 1. Full Name:</b>				
<b>Parent/Carer 1. Occupation &amp; Place of Work:</b>				
<b>Parent/Carer 1. Work Tel No:</b>				
<b>Email Address:</b>				
<b>Parent/Carer 1. Mobile Tel No:</b>				
(If Applicable) <b>Parent/Carer 2. Full Name:</b>				
<b>Parent/Carer 2. Occupation &amp; Place of Work:</b>				
<b>Parent/Carer 2. Work Tel No:</b>				
<b>Email Address:</b>				
<b>Parent/Carer 2. Mobile Tel No:</b>				
<b>Other Contact 3.</b> (Person who has consent to collect your child)	<b>Full Name:</b>			
	<b>Relationship To Child:</b>			
	<b>Home Tel No:</b>			
	<b>Mobile Tel No:</b>			
<b>Other Contact 4.</b> (Person who has consent to collect your child)	<b>Full Name:</b>			
	<b>Relationship To Child:</b>			
	<b>Home Tel No:</b>			
	<b>Mobile Tel No:</b>			

<b>Child's Confidential Password:</b> (To Be Used When Being Collected By An Adult, Other Than Parent)	
(If Applicable) <b>Child's Siblings Names &amp; Ages:</b>	
<b>Child's Religion:</b>	
<b>Language Spoken at Home:</b>	
<b>Please State Any Family Customs and/or Beliefs:</b>	

**Health Details**

<b>Child's GP Name, Address &amp; Tel No:</b>					
<b>Child's Health Visitor Name &amp; Tel No:</b>					
<b>Immunisations</b> ✓ Please Tick	Diphtheria	Tetanus	Whooping Cough	Polio	HIB
	Meningitis C	Measles	Mumps	Rubella	

**Does Your Child Require Regular Medication? YES/NO**  
(If YES please specify below)

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**Are There Any Medical Procedures Prohibited By Your Child's Religion and/or Belief? YES/NO**  
(If YES please specify below)

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**Does Your Child Have Any Allergies and/or Special Dietary Requirements? YES/NO**  
(If YES please specify below)

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**Does Your Child Have A Disability and/or Special Educational Need (SEN)? YES/NO**  
(If YES please specify below)

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## All About Your Child

*This section helps us ensure that your child is happy and secure when starting Nursery – please take some time to answer the following questions in as much detail as possible. Thank you*

**Sleep Patterns** – e.g. how often, times, length of sleep, particular routine used to settle, your expectations of your child sleeping at Nursery.....

**Does Your Child Have A Comforter?**

**YES/NO** (if YES please specify what it is and how often/when you would like your child to have it)

**Feeding Routine** – e.g. times, quantity, likes & dislikes, appetite, particular technique used, your expectations of your child eating at Nursery.....

**Nappy Changing/Toileting** – e.g. routine, habits, particular technique used, preferences.....

## Parent/Carer Consent

### Springfield's Policies & Procedures

I/We have read, understood and agree to adhere to Springfield's Policies & Procedures.

Parent/Carer 1.  
Signature:

Date:

Parent/Carer 2.  
Signature:

Date:

### Non Prescription Medication

I/We give permission for my child to be given Infant Suspension (i.e. Calpol) if deemed necessary. Please be aware, you will always be informed prior to administration.

Parent/Carer 1.  
Signature:

Date:

Parent/Carer 2.  
Signature:

Date:

### Emergency Medical Treatment

I/We give permission for my/our child to receive Emergency Medical Treatment if necessary. Please be aware, in such an event you will be contacted immediately.

Parent/Carer 1.  
Signature:

Date:

Parent/Carer 2.  
Signature:

Date:

### Application Of Sun Screen

I/We give permission for Sun Screen to be applied to my/our child as and when required.

Parent/Carer 1.  
Signature:

Date:

Parent/Carer 2.  
Signature:

Date:

<b>Photographs</b>			
I/We give permission for photographs to be taken of my/our child during their time at Springfield to be used in Displays and Development Profiles within the Nursery.			
<b>Parent/Carer 1. Signature:</b>		<b>Date:</b>	
<b>Parent/Carer 2. Signature:</b>		<b>Date:</b>	
<b>Photographs On Springfield's Website</b>			
Please be aware that a selection of photographs promoting events, occasions and activities at Springfield are regularly posted onto Springfield's Website. Please specify your consent below: <i>(Delete as appropriate)</i>			
I/We <b>DO</b> give permission for photographs including my/our child to be used on the Website.			
I/We <b>DO NOT</b> give permission for photograph's including my/our child to be used on the Website			
<b>Parent/Carer 1. Signature:</b>		<b>Date:</b>	
<b>Parent/Carer 2. Signature:</b>		<b>Date:</b>	
<b>Pet Animals</b>			
I/We give permission for my/our child to participate in handling, feeding and caring for the pet animals at Springfield.			
<b>Parent/Carer 1. Signature:</b>		<b>Date:</b>	
<b>Parent/Carer 2. Signature:</b>		<b>Date:</b>	
<b>Egg Collecting</b>			
I/We give permission for my/our child to be involved in collecting eggs from the Hens at Springfield			
<b>Parent/Carer 1. Signature:</b>		<b>Date:</b>	
<b>Parent/Carer 2. Signature:</b>		<b>Date:</b>	