

# Plume Avenue



## Nursery

Registration Form

for

### Parental Responsibility

Name of person with overall parental responsibility

Please provide any information with regard to restricted access.

Please note - in case of illness; if antibiotics are prescribed, your child will need to be kept away for at least 24 hours after the first dosage, 48 hours for sickness and/or diarrhoea.

### Registration Form

Child's name	D o B
Religion	Ethnicity
Address	
Postcode	Tel. Number

Parent / Carer Contact Name	Home Tel.
Address	
	Mobile
Place of Work	Work Tel.
Relationship to child	

Parent / Carer / Childminder Contact Name	Home Tel.
Address	
	Mobile
Place of Work	Work Tel.
Relationship to child	
Siblings (Names & Ages)	

Favourite Toy / Comforter (and name if applicable)	
Please advise any drinks your child does NOT like. (Nursery will usually provide Milk / orange / blackcurrant / other)	

Any other nursery / playgroup setting attended	
Primary school hoping to attend	

### Consent for outings

I hereby give consent for my child to be taken out of Plume Avenue Nursery during the play session by staff members.  
To be included in any activity / visits that may occur during their time there, with the understanding that I shall be informed beforehand of any outings arranged.

Parent / Carer  
Signature

Date

### Permission for photographs to be taken.

(Please delete as appropriate)

I do / do not give permission for my child to be photographed at nursery events.

Parent / Carer  
Signature

Date

### Permission for Observation & Assessment

During your child's time at nursery the staff are required to observe, record and assess them at play. This will ensure that each child receives learning opportunities and where necessary, support appropriate for their individual needs.  
This information will be confidential, shared only with yourselves and when necessary, other relevant professional bodies dealing with your family.  
Key workers will be happy to discuss this with you, by appointment please.  
Please sign below granting permission for these recorded observations to take place.

Parent / Carer  
Signature

Date

Practitioner  
Signature

Date

### Consent to collect from nursery.

In the event that none of the parents / carers overleaf are able to pick the child up from the nursery, written permission for another person to do so must be given.  
Please enter below the information required in respect of the relevant person/s able to collect your child

1) Name

Address

Tel. Number

Mobile  
Number

Relationship  
to child

Parent / Carer  
Signature

Date

2) Name	
Address	
	Tel. Number
	Mobile Number
Relationship to child	
Parent / Carer Signature	Date

<b>Health Registration Form</b>
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Child's name	Date of Birth
Emergency Contact (1)	Tel. Number
Emergency Contact (2)	Tel. Number
Doctor	Tel. Number
Immunisations up to date	Yes / No

<b>Suncream Policy</b>	
I hereby give permission for nursery staff to apply suncream to my child as required. (Please indicate if you wish to provide your own named bottle)	
Parent/Carer Signature	Date

<b>Please indicate any allergies / medical conditions / other special need (Speech &amp; Language etc)</b>	
Details of any medication	

<b>Permission to seek emergency medical advice and/or treatment.</b>	
I hereby give permission for emergency medical advice and/or treatment to be sought in the event of an accident. Next of kin or named person will then be contacted immediately.	
Name	Tel. Number
Parent/Carer Signature	Date

<b>Permission to give medicines as prescribed by doctor.</b>	
<i>Where necessary for practitioners to administer medicine, please advise a member of staff upon arrival as we will need your signature for every time medicines are required.</i>	