



BUSY BEES NURSERY CARE – Registration Form



Governor Led Provision at All Saints First School, Standon

PERSONAL

Child's Surname: _____ First Name(s): _____

Gender: _____ Nationality: _____

Date of Birth: _____ Age: _____

☎ Home Phone No: _____ Email: _____

Home Address (including Postcode):

Mothers Name: _____ Fathers Name: _____

☎ Mobile: _____ ☎ Mobile: _____

CONTACTS – Emergency Name and Telephone Number during Nursery Hours

Name: _____

☎ Phone Numbers: _____

Name: _____

☎ Phone Numbers _____

Name: _____

☎ Phone Numbers _____

Name: _____

☎ Phone Numbers _____

HEALTH

Name & Address of GP: _____

☎ Phone No.: _____

Has your child been immunised against:

Diphtheria YES / NO Whooping Cough YES / NO Tetanus YES / NO

Polio YES / NO MMR YES / NO

Is your child allergic to anything? If so please state: _____

Does your child have any medical conditions/disabilities/special needs?

YES / NO

If yes please give details _____

Is there anything your child cannot eat or drink? If so please state below:

Any other comments relevant to your child's welfare:

EQUAL OPPORTUNITIES

Busy Bees operates a policy of equal opportunities which rejects discrimination because of, amongst other things, a person's colour or racial/ethnic origins. To assist us in assessing the effectiveness of this policy **and only for this reason**, please indicate the category which best describes your child's racial/ethnic origins.

Black – African	Pakistani	White and African	Any other ethnic background
Black Caribbean	White – British	White and Caribbean	Any other mixed background
Chinese	White – Irish	Any other Asian Background	Any other white background
Indian	White and Asian	Any other Black background	

Religion _____

GENERAL

Please indicate below which **funded** sessions you would prefer, these sessions are not guaranteed.

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00 to 12.00					
12.00 to 1.00					
1.00 to 3.00					
Full Day (6hrs)					
Hours					

Please indicate below any **additional** sessions you would prefer, these sessions are not guaranteed.

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00 to 12.00					
12.00 to 1.00					
1.00 to 3.30					
3.00 to 3.30					
Full Day (6.5hrs)					
Hours					

Have you any other children under 3 years of age?

YES/NO

If Yes, please give their names and ages _____

Continuation
AGREEMENTS

I/We give permission for emergency First Aid and for staff to seek further medical advice or medical intervention in an emergency.

Signature _____

I/We agree that Staff can administer **PRESCRIBED** Medicines if necessary.
 (prescribed medication form to be completed).

Signed: _____

I/We agree to make immediate arrangements to pick up our child should they become unwell whilst in nursery care.

Signed: _____

I/We give permission for sun cream, minimum factor 15, to be applied to my child/ren as deemed appropriate by the Nursery Staff. Sun cream must be supplied and labelled by guardians.

Signed: _____

I/We agree for my child to be photographed whilst at Busy Bees and for these pictures to be displayed in promoting the provision, both on paper and web site materials.

Signed: _____

I/We agree for my children to be taken out of Busy Bess on organised trips, outing and activities.
 (For these events additional information will be given and parents will be notified).

Signed: _____

I/We will inform the Nursery in writing when any of the information contained on this enrolment form changes.

Signed: _____

I/We understand that all the information I have provided here will be treated as confidential. I also understand that if a matter of safeguarding arises, the Nursery may need to share aspects regarding my child without my consent.

Signed: _____

I/We enclose a copy of our child's birth certificate.

Signed: _____ Date: _____

DECLARATION

I declare that all the information I have provided is true.

Name: _____ Signed: _____