



# 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 tick either 'Black', 'White' and **one** of the other boxes – the one which best describes your child's racial/ethnic origins.

'Black'		European/UK		African		Other	
'White'		Afro-Caribbean		Asian			

Religion \_\_\_\_\_

**GENERAL**

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

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Session					
PM Session					
Full Day					

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: \_\_\_\_\_