BUSY BEES NURSERY CARE – Registration Form

Governor Led Provision at All Saints CE (VC) First School, Standon

PERSONAL

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

Gender: _____ Nationality: _____

Date of Birth: _____ Age: _____

☎Home Phone No:_____

Home Address (*including Postcode):*

_____

_____

Parent Priority 1 Name:_____ Relationship to Child:_____

Mobile Phone Number:_____ Email Address:_____

Address:_____

Living with Child ☐

Parent Priority 2 Name:_____Relationship to Child:_____

Mobile Phone Number:_____Email Address: _____

Address:

_____

Living with Child ☐

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.: _____

Church Lane, Standon, Staffordshire. ST21 6RN - Tel. (01782) 791234
headteacher@allsaints-standon.staffs.sch.uk

Has your child been immunised against:

Diptheria 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		White - British		Gypsy/Roma		Traveller of Irish Heritage	
Black Caribbean		White – Northern Irish		Other Gypsy/Roma		Any other mixed background	
Chinese		White – Irish		White and Black African		Any other white background	
Indian		White and Asian		White and Black Caribbean		Any other ethnic group	
Bangladeshi		Gypsy		Any other Asian Background		Prefer not to say	
Pakistani		Roma		Any other Black background			

Religion _____

GENERAL

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club (1hr)					
9.00 to 12.00					
12.00 to 1.00					
1.00 to 3.00					
3.00 to 3.30					
Full Day (6.5hrs)					
Kingfisher Club (1 or 2 hrs)					
Hours					

Does your child currently attend a nursery setting? YES / NO

If YES, please give provider's name:

Have you any other children under 3 years of age? YES/NO

If Yes Name: _____ Age _____

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 taken to Church by school staff. . (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:_____