



Child registration form

Personal details

Name of child	
Date of birth	
Home address	
Postcode	
Position in family	
Hair colour	
Eye colour	
Religion	
Ethnic origin	
Nationality	
Language(s) spoken at home	
Details of any disabilities/special needs	
How did you hear about <i>Edgehill Kids Centre</i>	
Preferred start date	



About your family

Mother/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home telephone number	
Mobile	
Home email	
Work address	
Postcode	
Work telephone number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility Collect child from nursery Payment of fees Contact in emergency

Father/carer	
Title	
First name	
Surname	
Password	
Home address	



Postcode	
Home telephone number	
Mobile	
Home email	
Work address	
Postcode	
Work telephone number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility Collect child from nursery Payment of fees Contact in emergency



Other contacts

Contact one	
Title	
First name	
Surname	
Relationship to the child	
Password	
Address	
Postcode	
Telephone number	
Mobile	
Responsibilities (Tick all that apply)	<input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency

Contact two	
Title	
First name	
Surname	
Relationship to the child	
Password	
Address	
Postcode	
Telephone number	
Mobile	
Responsibilities (Tick all that apply)	<input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					



Morning only					
Afternoon only					
Extended morning					
Extended afternoon					
After-school care					
Breakfast care					
Wrap around care					

Meals	Mon	Tues	Wed	Thurs	Fri
Breakfast					
Lunch					
Snacks					

Agreement

I agree to abide by the terms and conditions and policies and procedures of Edgehill Kids Centre which I have read and fully understand.

Signed Date

Print name



Relationship to child

Signed.....Date.....

Print name

Relationship to child

Office use only

Input into nursery administration system (tick when complete) on (date)

Input by

Position

Actual start date

Room

Key worker



Medical details

Allergies

Does your child have any allergies?	<p>Yes/No (please circle)</p> <p>If yes, please give details of the cause and reaction</p>
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Dietary requirements

Does your child have any special dietary requirements?	<p>Yes/No (please circle)</p> <p>If yes, please give details</p>
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Immunisations

Has your child had any of the following immunisations? Please tick and date	Immunisation	Tick if child has had the immunisation	Date of immunisation
	BCG		
	Diphtheria		
	HIB		
	MMR		
	Meningitis C		



	Poliomyelitis		
	Tetanus		
	Whooping cough		

Medical contacts

Doctor's details	
Name of GP	
Name of surgery	
Address	
Postcode	
Telephone number	

Health visitor's details	
Name	
Address	



Postcode	
Telephone number	

Other agency details	
Name	
Address	
Postcode	
Telephone number	

Any other details that we should know about?

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Parent's Policy Agreement

To ensure that we are keeping you up-to-date with our policies, we would like you to sign and date this last sheet to show that you have read and understood the policies and procedures in the Welcome Pack you have received. Should you require further information on the nursery's policies please do not hesitate to ask the nursery manager.

Where both parents are involved, we ask you both to sign and date.

Thank you

I..... have read and understood the policies and procedures shown to me in the nursery Welcome Pack.

Dated.....

I..... have read and understood the policies and procedures shown to me in the nursery Welcome Pack.

Dated.....



Edgehill Kid's Centre,
Edgehill, Kemnay Road,
Port Elphinstone, Inverurie
AB51 5XL

Children's Personal File

I do/do not give my permission forto have his/her photo taken by staff for their personal files or displays or the nursery website at Edgehill Kid's Centre.



I do /do not give my permission for.....to go on outings with staff at Edgehill Kid’s Centre.

I do/do not give my permission for..... To have face paints applied by staff at Edgehill Kids Centre.

I do/do not give my permission for.....to have sun cream applied by staff at Edgehill Kid’s Centre.

I do/do not give my permission for.....to receive First Aid treatment by staff at Edgehill Kid’s Centre.

I do/do not give my permission for.....to have Sudocreme/nappy cream applied when required by staff at Edgehill Kid’s Centre.

Parents’/Guardians’ name:

Date:

Permission slips received

Nursery trips agree /disagree Emergency medication
agree/disagree

Photographs agree /disagree Sudocreme agree/disagree

Facepaints agree /disagree Sun Cream agree/disagree



Monitoring form

Take up/usage

1 - 15 hours per week

16 - 30 hours per week

31 - 50 hours per week

Work/training

Children in lone parent family

A parent working full time (35 hours +)

A parent now working more than 16 hours

A parent now working less than 16 hours

A parent now in higher/further education

A parent taking skills for life or step into learning

Parent(s) are not working/training

Financial support

Parents access CTC

Parents access WTC

Parents access HE childcare access fund support

Parents access Care 2 Learn support

Place sponsored by sure start local programme

Place sponsored by regeneration scheme e.g. SRB

Ethnic origin

white

British

Irish

Traveller

Other

Mixed

White and black Caribbean

White and black African

White and Asian

Other

Asian or Asian British

Indian

Pakistani

Bangladeshi

Kashmir

Other



Financial support from employer

Receipt of 3 and 4 year old funding

Receipt of 3 and 4 year old funding

Additional needs

Cognition and learning difficulty

Behaviour, emotional and social development needs

Communication and interaction needs

Sensory and/or physical needs

Other/combination of needs

Black or black British

Caribbean

African

Other

Chinese

Chinese

Other

Other

Other ethnic group