



## Registration Form

Please use block capitals

### Child's Personal Details

Full name of child:		Date of birth:	
Address:			
Post Code:	Home telephone:	Sex:	
Religion:	Main language spoken:		
Other languages used at home			
Birth Certificate Presented ( <b>office use only</b> )		NHS Number:	
Name and Telephone Number of Health Visitor:			

### Please tick the box which best describes your Ethnic/Cultural/Racial Origin

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other Ethnic Group
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Caribbean <input type="checkbox"/> African	<input type="checkbox"/> Chinese <input type="checkbox"/> Other
Any other White background	Any other Mixed background	Any other Asian background	Any other Black background	Any other background

A child's learning difficulties and disabilities status should be recorded according to the following categories

<input type="checkbox"/>	No special educational need	<input type="checkbox"/>	SIA (Statutory Integrated Assessment)
<input type="checkbox"/>	EHC Plan	<input type="checkbox"/>	Other

Parents Views of Child's Needs:

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### Contact Details

<b>Mother's Name:</b>		Title: Ms/Mrs/Miss/Other	
Does this person have Parental Responsibility?		Yes / No	
Home Telephone no:	Mobile:		
Home Address:	Place of Work including address:		
Email address:	Work Telephone no:		
<b>Father's name:</b>		Title: Mr/Other	
Does this person have Parental Responsibility?		Yes / No	
Home Telephone no:	Mobile:		
Home Address:	Place of Work including address:		
Email address:	Work Telephone no:		

<b>Carer's Name:</b>		Title: Ms/Mrs/Miss/Mr/Other	
Does this person have Parental Responsibility?		Yes / No	
Relationship to Child:			
Home Telephone no:		Mobile:	
Home Address:		Place of Work including address:	
Email address:		Work Telephone no:	

Is there any named person who has NO legal access to your child?	
Name:	Title: Ms/Mrs/Miss/Mr/Other

Details of any other person(s) living at the premises	
Name and Title:	Relationship to Child:
Name and Title:	Relationship to Child:
Name and Title:	Relationship to Child:
Name and Title:	Relationship to Child:

### Emergency Details

Please provide details of people who can be contacted in an emergency.

Name:		Title: Ms/Mrs/Miss/Mr/Other	
Relationship to Child:			
Home Telephone no:		Mobile:	
Home Address:			
Name:		Title: Ms/Mrs/Miss/Mr/Other	
Relationship to Child:			
Home Telephone no:		Mobile:	
Home Address:			

Please indicate below the **Days and the Times** you require your child to attend

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

### Fees

All fees must be paid weekly in advance each Monday or on the first day of attendance. It is not possible to offer reductions for absences, as a place is reserved for your child throughout the year. Nor is there any reduction for weeks shortened by Bank Holidays. Fees are charged for all Bank Holidays. There is an initial non refundable Registration Charge of £30.00 per child. **An automatic weekly £20 recurring charge will be levied for late payments.**

### Timekeeping

To enable staff to prepare for and clean up after each session, the collection time for your child must be strictly adhered to; otherwise a minimum extra charge of £10.00 for each 15 minutes or parts of will be made for late collection of your child.

## Dietary Requirements

We provide cooked lunches and light teas and encourage children to eat a wide variety of foods. Sample menus are available, including vegetarian alternatives. All children are provided with snacks in the morning and afternoon.

Please give details and indicate if your child should not be given certain foods/drinks on the following grounds:

Medical	
Religious	

## Outings

I agree to my child to be taken out of Smart Kid Childcare on organised trips, outings and activities to be involved in activities such as visiting parks, the library or just walks in the local community without prior notice. <b>I agree to my child to be taken on public transport and carried in a vehicle covered by the Nursery insurance. (For these events, additional information will be given and parents will be notified beforehand)</b>	YES
	NO

## Calpol – (For children under the age of 1)

If my child shows symptoms of a high temperature, practitioners are able to give one dose of emergency calpol to prevent the onset of febrile convulsion, on the understanding that the child will be collected within one hour. <b>Age of Child:</b> _____ <b>Dosage to be administered:</b> _____	YES
	NO

## Face Painting

Some activities involve Face Painting. Are you happy for your child to have their face painted. If there are or have been any skin problems e.g. eczema or dermatitis then please say NO.	YES
	NO

## Sunscreen

I agree to allow sun protection cream to be applied to my child's skin. I understand that I must supply a cream that I know to be suitable to my child's skin.	YES
	NO

## Photographs/Video

I hereby give permission for Smart Kids Childcare to take photos / video of my child to be used <b>within the Nursery</b> e.g. for displays, photo observations for child's folder, art work etc	YES
	NO

## Marketing

I hereby give permission for my child's photo and /or video to be included in Smart Kids publicity material, including Smart Kids Website, local newspaper, nursery app, etc.(children's names will not be used on any website or in any publicity)	YES
	NO

## Liaising with other professionals, outside agencies and previous settings

I hereby give consent for Smart Kids Childcare to liaise with other professionals, outside agencies and previous settings	YES
	NO

## Please tell us about other agencies who are involved with your child's care:

Social Care	
Children's Centre	
Portage	
Speech Therapist	
Physio Therapist	

Other	
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Your signature here confirms your answers to questions relating to Dietary Requirements, Outings, Travelling on the Mini Bus, Face Painting, Sunscreen, Photographs, Marketing and Liaising with other professionals, outside agencies and previous settings.

**Signed Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Information**

Any other information you feel we should know about your child:

**I wish to apply for admission to Smart Kids Childcare of the child named overleaf. I have read and understood the terms and conditions set in the settings Policies and Procedures and agree to comply with them.**

*Smart Kids reserves the right to amend its policies, procedures and regulations without prior notice.*

If you wish to withdraw your child from the Nursery or cancel sessions, one month's written notice is required, or payment in lieu of notice. **Please note notice period must not include holiday days/weeks.**

**This Agreement is between Smart Kids Childcare and** \_\_\_\_\_

**Parent/Carer's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Date I wish my child to start at Smart Kids: \_\_\_\_\_

*(please note: all information given will be treated in the strictest confidence)*

**Please retain a copy of this form for your records before returning to the nursery.**