



Amazing Grace Childcare Centre Child Registration form

Childcare Registration and Agreement Form

Please complete this form and return it with the registration fee of £40.00 and a £80.00 deposit. This form must be completed by the person who has parental legal responsibility.

Personal details

Name of child		
Date of birth		Sex: Male/ Female
Home address		
Postcode		
Position in family		
Child Ethnic Group		
Religion		
Festivals celebrated at home		
Details of any other settings attended		
Language(s) spoken at home		
Details of any disabilities/special needs		

About your family

	Mother/carer	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 <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Payment of fees <input type="checkbox"/> Contact in emergency <input type="checkbox"/>	Parental responsibility <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Payment of fees <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Other/Emergency contacts

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

Medical details

Allergies																												
Does your child have any allergies?	Yes/No (please circle) If yes, please give details of the cause and reaction																											
Dietary requirements																												
Does your child have any special dietary requirements?	Yes/No (please circle) If yes, please give details If yes, please give details, ie- only certain meats to be given.																											
Immunisations																												
Has your child had any of the following immunisations? Please tick and date	<table border="1"> <thead> <tr> <th>Immunisation</th> <th>Please tick which one</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td> <td></td> </tr> <tr> <td>Diphtheria</td> <td></td> <td></td> </tr> <tr> <td>HIB</td> <td></td> <td></td> </tr> <tr> <td>MMR</td> <td></td> <td></td> </tr> <tr> <td>Meningitis C</td> <td></td> <td></td> </tr> <tr> <td>Poliomyelitis</td> <td></td> <td></td> </tr> <tr> <td>Tetanus</td> <td></td> <td></td> </tr> <tr> <td>Whooping cough</td> <td></td> <td></td> </tr> </tbody> </table>	Immunisation	Please tick which one	Date	BCG			Diphtheria			HIB			MMR			Meningitis C			Poliomyelitis			Tetanus			Whooping cough		
	Immunisation	Please tick which one	Date																									
	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?

--

Sessions

Starting Date: _____

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning only					
Afternoon only					
Breakfast club					
After-school Club					
Holiday-Club					
Wrap around care					
Name Of School & Address (for after school club)				Class:	
				Opening Time:	
				Closing Time:	

Holiday Club

Meals	Mon	Tues	Wed	Thurs	Fri
Breakfast					
Lunch					
Tea					

Free 15 hours Entitlement

Funded sessions	Mon	Tues	Wed	Thurs	Fri
0 sessions					
1 session					
2 sessions					

Agreement

I agree to abide by the terms and conditions and policies and procedures of Amazing Grace Childcare 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

Method of Payment: **Cash** **Standing Order** **Cheque**

Date of Payment: _____

Amazing Grace Permission Form - Please circle the appropriate one

<p>Emergency Medical Attention</p> <p>I do/do not give permission for my child(ren) to be taken by ambulance to the nearest hospital for necessary emergency treatment in the event that I cannot be contacted.</p> <p>Parent Signature_____Date:</p>	<p>Emergency Medical Advise</p> <p>I do/do not give permission for medical advise to be sought for my child(ren)</p> <p>Parent Signature_____Date</p>
<p>Activities and Outing</p> <p>I do/do not give permission for my child(ren) to go on outing and to participate in activities organised by Amazing Grace. This includes permission for the use of public transport such as buses, cars and trains and going out for walks.</p> <p>Parent Signature_____Date</p>	<p>Photographs</p> <p>I do/do not give permission for my child(ren) to be photographed for display purposes within Amazing Grace.</p> <p>Parent Signature_____Date</p>
<p>Plasters</p> <p>I do/do not give permission for my child(ren) to use plasters when needed.</p> <p>Parent Signature_____Date</p>	<p>Sun Cream</p> <p>I do/do not give permission for my child(ren) to use sun cream when needed.</p> <p>Parent Signature_____Date</p>
<p>Permission for Television</p> <p>I do/do not give permission for my child(ren) to watch U and PG rated DVD's and television programmes.</p> <p>Parent Signature_____Date</p>	<p>Permission for observations</p> <p>EYFS framework required us to carry out observation on your child, this is determine the children's interest which will help planning activities for your child. We use observation to monitor their learning and progress.</p> <p>I do/do not give permission for my child(ren) to be observed.</p> <p>Parent Signature_____Date</p>

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
- 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

Ethnic origin

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	white	
<input type="checkbox"/>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Traveller	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>		
<input type="checkbox"/>	Mixed	
<input type="checkbox"/>	White and black Caribbean	<input type="checkbox"/>
<input type="checkbox"/>	White and black African	<input type="checkbox"/>
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

Asian or Asian British

<input type="checkbox"/>	Indian	<input type="checkbox"/>
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
<input type="checkbox"/>	Kashmir	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>		

Black or black British

<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
<input type="checkbox"/>	African	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

Chinese

<input type="checkbox"/>	Chinese	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>		
<input type="checkbox"/>	Other	
	Other ethnic group	<input type="checkbox"/>