

STRATHEARN NURSERY

Strathearn House, West Barns, Dunbar EH42 1UJ Tel: 01368 860 078



REGISTRATION FORM

FOR OFFICE USE ONLY

| | | | |
|----------------------------|-------|----------------------------|-------|
| Registration fee received: | _____ | Standing Order Issue Date: | _____ |
| Place confirmed date: | _____ | Grant Funding Date (from): | _____ |
| Terms and cond. returned: | _____ | Waiting list date: | _____ |
| Invoice set up: | _____ | Parking form returned: | _____ |

I enclose payment of:

£25 Registration fee

CHILD'S DETAILS

First Name: _____ Proposed Start Date: _____

Middle Name: _____ (Due date): _____

Known as (name): _____ Date of Birth: _____

Surname: _____

Home Address: _____ Sex M F

Town: _____

County: _____

Post Code: _____

Family E-mail: _____



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FAMILY DETAILS

Parent/guardian name: _____ Contact Telephone: _____

Occupation: _____ Ext: _____

Employer's name: _____ Mobile: _____

Work Address: _____

Post Code: _____

Email: _____

Parent/guardian name: _____ Contact Telephone: _____

Occupation: _____ Ext: _____

Employer's name: _____ Mobile: _____

Work Address: _____

Post Code: _____

Email: _____

Should the need to contact you in an emergency arise, please indicate who should be contacted in the first instance.

Name: _____

Telephone number: _____

Emergency Contact 1

Contacts Name: _____

Relationship to child: _____

Telephone: _____

Mobile: _____

Emergency Contact 2

Contacts Name: _____

Relationship to child: _____

Telephone: _____

Mobile: _____

FAMILY PASSWORD

We operate a family password system, in the instance of the usual person not being able to collect your child this password will be asked for. Parents/guardians must advise the nursery prior to the new person collecting your child. This password must remain confidential to the family/designated person responsible for collecting your child.

Please indicate your password: _____



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TYPE OF PLACEMENT

Sessions: Full day 08.00 to 18.00 Morning 08.00 to 13.00 Afternoons 13.00 to 18.00

**To enable your child to benefit fully from Strathearn Nursery
A MINIMUM OF TWO SESSIONS PER WEEK is required.**

Full Time Monday-Friday (8am-6pm)

If part time please indicate the required sessions:

| | MON | TUES | WED | THUR | FRI | |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| AM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (8am-1pm) |
| PM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1pm-6pm) |

Proposed duration of placement: _____

Estimated arrival/departure times: _____

1. Has your child attended play group or nursery in the past? (If so please give details)

2. Please say how you first heard of the nursery. Was it from a friend, advert, or other? (Please give details)

3. Please mention here the names of any other members of the family attending the nursery or any other connection with the nursery.

4. Please state your reason(s) for choosing Strathearn Nursery for your childcare?

MEDICAL

IN THE INTEREST OF HEALTH AND SAFETY, PLEASE GIVE THE FOLLOWING DETAILS

DOCTOR

Name: _____

Address: _____

Postcode: _____

Tel: _____

HEALTH VISITOR

Name: _____

Address: _____

Postcode: _____

Tel: _____

Permission to contact your health visitor (only if necessary) Yes No

Does your child have any special needs/requirements? _____

Does your child have any long term needs regarding medication? (Please include signs/symptoms/name of medication/how often your child requires it): _____

ALLERGIES

Please indicate whether your child has any known allergies: _____

DIET

Please indicate whether your child has any dietary needs: _____

Please note: Parents may be asked to supply food for children with allergies/dietary requirements. Fees remain payable.

MILK

Please indicate if your child can have cow's milk: Yes No

(We offer cow's milk to all children over 1 year, please give advice at this stage if this is not acceptable)

Parents are responsible for providing formula/Soya milk



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ILLNESS

Please give details of any childhood illnesses

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Polio | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Other _____ |

IMMUNISATIONS

Please indicate if your child has received any of the following immunisations:

- | | | | |
|-------------------------------------|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Meningitis C | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> BCG |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Polio | <input type="checkbox"/> MMR | <input type="checkbox"/> Tetanus |

Please give details of any medical condition your child may have: _____

MEDICAL TREATMENT CONSENT

Should your child become unwell whilst at Strathearn Nursery we require your consent to treat him/her?

***Please delete as appropriate:**

***I DO/DO NOT** give a Strathearn employee who is trained in first aid my consent to treat my child

***I DO/DO NOT** give a Doctor my consent to treat my child in an emergency. I understand that Strathearn Nursery will contact me in this event.

Person to be contacted in first instance of this event occurring?

Name: _____ Tel no _____

Relationship to child: _____

Parent's signature _____ Date: _____

PHOTOGRAPHIC CONSENT

*please delete as appropriate

***I DO/DO NOT** agree to give my consent to my child's photograph/video image being taken in connection with educational purposes organised by the Nursery (HMI inspectors require evidence of our activities with children to promote the quality experiences we offer the children in our care).

Photographs may be used in the Nursery in the normal publicity of good work/promotion of a good nursery ethos. **Photographs will not be published on the Internet without specific written permission from parent/guardian in advance.**

Parents Signature: _____

Date: _____

OUTINGS/TRIPS CONSENT

*please delete as appropriate

***I DO/DO NOT** give my consent for my child to be taken on Public Transport in order to visit places of interest/theatres/swimming. I will be informed in advance when trips are to be taken using public transport.

*please delete as appropriate

***I DO/DO NOT** give my consent for my child to be taken on local walks.

Parents Signature: _____

Date: _____

