



REGISTRATION FORM

Child's Details	
First Name:	Last Name:
Date of birth:	Nationality:
Address Details:	Start date Required:
Contact Telephone Number (Home):	Mobile:
Parent / Carer 1 - Details	
First Name:	Last Name:
Occupation	Address:
Business telephone Number:	Mobile Number:
Email Address:	
Parent / Carer 2 - Details	
First Name:	Last Name:
Occupation	Address:
Business telephone Number:	Mobile Number:
Email Address:	
Specific Dietary Needs / Food or Drink Allergies	
Are there any foods / drinks that your child may not have for the following reasons, i.e., religious, allergy, medical or other, e.g., vegetarian, non-dairy, diabetic etc?	If Yes - Please Specify
If your child has any allergies / special dietary requirements, then please request a form from daycare to complete, this will remain alongside your child's individual	

Medical / Illnesses	
Any serious illness / condition? (Inhaler, etc)	If yes, please specify symptoms, medication / treatment required:
Any skin allergies / conditions? i.e., eczema	If yes, please specify symptoms, medication / treatment required:
Any medication / allergies	If yes, please specify

Please note that you will be required to complete further forms if your child has any medical / illnesses. The forms will be kept alongside your child's individual care routine, so that we are fully aware of any medical / special requirements that your child has whilst at childminder.



External Agencies	
Any additional support needs / disabilities? i.e., speech & language therapy, occupational therapy or other.	If yes, please detail:

Immunisations	
Is your child up to date with these?	Please provide details of those received:
Has your child had any childhood infectious diseases, e.g., chicken pox	If yes, please specify:

External Contacts	
GP Name:	Telephone Number:
Health Visitor Name:	Telephone number:
Dentist:	Telephone Number:

Emergency Contact Details	
Details of two alternative people who we can contact in an emergency should we be unable to contact parents / carers.	
Full name (including title):	
Contact telephone number(s):	
Relationship to the child:	

Full name (including title):	
Contact telephone number(s):	
Relationship to the child:	



Consents	
The following consents given by you, the parent / carer, remain valid until your child's attendance with Kovan Daycare has been terminated in writing or you have otherwise indicated by written amendment which must be dated and signed. *Please read each section Your signature is also required	
Emergency Medical Attention	
In the event of an emergency and my child requires urgent medical treatment through illness or an accident and should I not be contactable, I hereby give / do not give permission for my child to receive emergency medical assistance of any kind including operative treatment and / or administration of anaesthetic in my absence. Once emergency procedures are followed, I should then be contacted.	Please sign / date:
I understand that this may include my child being transported to the hospital by car / ambulance with the home leader and that attempts will continue to be made to contact parent / carers:	Please sign / date:
I hereby give / do not give permission for daycare staff to discuss my child's medical history with medical staff if required.	Please sign / date:
Outings	
I hereby give / do not give permission for my child to participate on short / nature walks around the local area supervised by homeleader:	Please sign / date:
I hereby give / do not give permission for my child to travel on public transport with a member of staff to a planned outing:	Please sign / date:
Sun Protection Cream	
I hereby give / do not give permission for my child to have sun protection cream applied, which will be supplied by parents:	Please sign / date:
I hereby give / do not give permission for my child to have sun cream applied by nursery staff: (If parents have not supplied sun cream, then an anti-allergy factor 50 will be applied).	Please sign / date:
Face Painting	
I hereby give / do not give permission for my child to have their face painted as part of experiences on fun / celebration days:	Please sign / date:



Nominated Persons Who May Collect Your Child (ren)

Please provide details of people who you give your consent to, collect your child (ren) other than yourselves along with a password that they are to use. On the days when you will not be collecting your child (ren), it is extremely important that you provide the daycare staff with the name of one of the following people who you have given permission to do so.

Full Name including title:

Relationship to child:

Full Name including title:

Relationship to child:

Allocated Password:

Photos / Artwork

I hereby give / do not give permission for my child's photograph, to be used / displayed within the daycare.

Please sign / date:

I hereby give / do not give permission for my child's artwork to be used / displayed within the daycare.

Please sign / date:

I hereby give / do not give permission for my child's photograph to be used / displayed for promotional material belonging to Kovan daycare i.e., website, nursery newsletters and other publications within nursery.

Please sign / date:

I hereby give / do not give permission for the nursery to send me photographic images which include my child or my child's artwork via electronic mail to your personal email address or via learning journals.

Please sign / date:

Additional Information:

Please detail below any other information you feel we should know about your child.



Ethnicity (Please circle as appropriate)	
White – British	Mixed – White and Black Caribbean
White – Irish	Mixed – White and Black African
Any other White Background	Mixed – White & Asian
	Any other Mixed Background
Asian or Asian British - Indian	Black or Black British – Caribbean
Asian or Asian British – Pakistani	Black or Black British – African
Asian or Asian British – Bangladeshi	Any Other Black Background
Any other Asian Background	
Chinese	
Any Other Ethnic Group (please detail):	

Parent / Carer Declaration		
In registering my child, at Kovan Daycare, I have read, understood and I fully agree to abide by all the policies and procedures laid down by the daycare.		
Parent / Carer (1) Name:	Signature:	Date:
Parent / Carer (2) Name:	Signature:	Date:

Data Protection
In compliance with current UK Data Protection Legislation, any information you provide to us will be kept secure and treated confidentially and will not be disclosed to any external sources without prior consent