



Childcare Registration and Agreement

Family Details

Child's full name:		
Preferred or familiar name:		
Date of birth:		
	Parent/ Carer 1	Parent/ Carer 2
Parent/carer names:		
Parent/carer address:		
Telephone (Landline):		
Mobile:		
Work:		
Email address:		
Relationship to child:		
Parental Responsibilities:	Yes/ No	Yes/ No

This section details other people that are allowed to collect your child (who must be over 16 years of age). Please select whether the nursery can contact these people if we are unable to contact parents in the event of an emergency. For safeguarding reasons, we require details of everyone that may pick up your child. Please continue onto another page if necessary.

	Parent/ Carer 3	Parent/ Carer 4
Parents / carers names:		
Parent/carer addresses:		
Telephone (Landline):		
Mobile:		
Work:		
Email address:		
Relationship to child:		

Parental Responsibilities	Yes/ No	Yes/ No
Emergency Contact:	Yes / No	Yes/ No

	Parent/ Carer 5	Parent/ Carer 6
Contact names:		
Contact addresses:		
Telephone (Landline):		
Mobile:		
Work:		
Relationship to child:		
Emergency Contact:	Yes/ No	Yes/ No

Password

Password: (for collection of your child. Please note: Photo ID may be requested also if we have not met them before.)	
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Parental Responsibility/ Disputes

Is there a parent listed on your child's birth certificate that has not been listed on page 1? *	Yes / No
Is there a court order in place to prevent the other parent named on your child's birth certificate collecting your child? *	Yes / No / Pending Details Attached: Yes / No
Parent (Unknown to Setting)	
Parent / carer name: *	
Parent/carers address: *	
Telephone: *	
Relationship to child: *	

*We ask for this information for the purposes of safeguarding your child. This parent will be unknown to the setting so if they come to collect, we will refuse entry. We can then inform you of an attempt to collect. We will contact the police if we deem them to be a threat to the child and to the nursery.

Health Information

Doctor's name:	
Doctor's address:	
NHS Number (0-2's only) Used for Integrated Health Checks	
Doctor's Telephone:	
Health Visitors Name (0-2's only):	
Health Visitors Telephone (0-2's only):	
Does your child have any additional health requirements?	
Does your child have any known allergies?	
Does your child have any special dietary requirements, preferences or food allergies?	
Are all childhood vaccinations up to date?	

Consent Information

Please sign that you are willing to give your consent for each of the following:

I give permission for the nursery to take my child on trips to local amenities such as the park or Library?	
Signature 1:	Signature 2:
I consent to the nursery holding personal information (paper and computer based) about me and my child?	
Signature 1:	Signature 2:
I give permission for the nursery to take photographs of my child to be used in-house only, e.g. photo observations for child's personal folder or for displays?	
Signature 1:	Signature 2:
I give permission for the nursery to take photographs of my child to be used in nursery publicity material, including on the internet? Please note the children's names will not be used in any publicity.	
Signature 1:	Signature 2:
I give permission for the nursery to include my child in the professional photoshoots held in the nursery. These are for parents/carers to buy copies of if they wish.	
Signature 1:	Signature 2:
I give my consent for the nursery to administer first aid and emergency medical treatment, including the administration of Calpol should my child's temperature rise suddenly above 39°C?	
Signature 1:	Signature 2:
I give permission for the nursery to contact NHS 111 about the child when staff need advice on a medical condition?	
Signature 1:	Signature 2:
I agree that the nursery can apply my child's own sun cream that I have provided, or a named brand supplied by the nursery?	
Signature 1:	Signature 2:
I consent to the use of plasters on my child?	
Signature 1:	Signature 2:
I consent for my child to help care for the animals in the nursery?	
Signature 1:	Signature 2:

I give permission for my child to be taken to hospital, admitted, and treated if necessary. Also for any other emergency medical care. I understand every attempt will be made to contact me first and that such measures would only apply if I am not available in the case of an emergency.

Signature 1:	Signature 2:
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Car Seat Agreement

I consent to my child being transported on trips in the nursery car.

Signature 1:	Signature 2:
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My child requires the following care seat if taken on trips:

A high-backed booster seat provided by the nursery	A high-backed booster seat with a five-point harness provided by nursery	A rear-facing car seat (provided by parents)	A car seat provided by parent only	A booster seat provided by nursery. I confirm that my child is above 135cm tall.
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Other Information

Childs first language:	
Other languages used at home:	
Ethnic origins:	
Festivals celebrated at home:	

Imagination Library

Are you signed up to the Imagination Library?	Yes/ No / Please sign me up
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Other Settings Attended


Details of any other settings or childcare attended:	
Details of any other agencies or professionals working with your child and their roles:	

Childcare Requirements

Required Start date:		
Please state the days and times you require below:		
	Start Time	Finish Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Other Information

How did you hear about the nursery?		
Why did you choose Moorwell Miracles?		
The nursery uses ParentMail* to send invoices, newsletters, event reminders and other notifications. Do you consent for your details to be added to ParentMail?	Parent / Carer 1	Yes / No
	Parent / Carer 2	Yes / No

*The  ParentMail app can be downloaded to your smart phone or tablet from your app store/ google play account for free or you can access it from a computer.

Invoicing and Payments

Please state which of your contacts named on page 1 and 2 are able to receive any paper copies of invoices and reminders from the nursery.

	This person can receive invoices:	This person is responsible for paying invoices:
Parent/ Carer 1	Yes / No	Yes / No
Parent/ Carer 2	Yes / No	Yes / No
Parent/ Carer 3	Yes / No	Yes / No
Parent/ Carer 4	Yes / No	Yes / No

Support from External Agencies

As a registered early years provider, we have a duty to work within the Early Years Foundation Stage Framework and the SEN Code of Practice. As early years practitioners it is our responsibility to observe your child and respond appropriately to their individual needs.

We are committed to encourage parents to contribute their knowledge and understanding of their child, sharing information and raising any concerns they may have about their child's needs.

In our efforts to do our best for your child we will talk to you if we have any concerns about their progress within our setting.

There are occasions when it is helpful for us to ask for guidance on how to offer further help and support to a child in our care. We are fortunate to have a number of professionals we can contact who are able to give us that vital support and advice.

In such an event we always seek parental views and permission, but we like to make all our parents aware of the services we can call upon should there be a need.

In the case of Moorwell Miracles raising a concern about my child, I give my permission for the appropriate professionals to be involved, regarding receiving advice and support for my child. Some examples of the professionals we have contact with are:

Early Years Team

Emotional health and wellbeing team

Health Visitor

Education Preparation Unit

Speech and Language Therapy

Early Years Educational Psychologist

Hearing Support Service

Visual Impairment Team

Autism Spectrum Education Team

Name of child..... D.O.B.

Signed..... Parent / Carer Date.....

Medication Administration

As per our policy:

Medicines MUST be in the original containers and with the child's name on it as dispensed by the pharmacy. Antibiotics must have been given at home for 24 hours before administering at nursery.

However, the nursery management at their discretion will administer paracetamol suspension to children who are found to have a high temperature within our care. We will always ring the parent beforehand. This form is your given permission to administer this.

For temperatures that do not go down within half an hour of administering parents will be called to come and collect their children.

Room:				Date:	
		Child's Name:			
Name of Medicine and Dosage (as shown on container):		Prescribed:		Non Prescribed: Paracetamol suspension Following instructions according to age and medicine box guidance	
Reason for medicine:		High Temperature			
Day/Date	Time of last dose	Dosage	Time Given	Staff Signature	Parent Signature
End date of course:					
Review date for long-term medications:					
Additional Information:					
GP's name and Tel No.:					
Daytime phone number of parent or appointed adult:					

I give consent to the nursery staff administering medicine in accordance with the nursery policy.

Long-Term Medicines - I will inform the nursery immediately, in writing, if there is any changes to the administration of these medications.

Signature of Parent: _____