

## YMCA Pre-School Millbrook Registration Form

Please complete and return the entire pack to the nursery / pre-school prior to your settling in visit.

### 1. Child's Details

Child's full name (if not yet born use surname): _____ Preferred name (if different from above): _____	Gender: _____ Date of Birth (if not yet born use due date): _____
Resident/Home address: _____ _____ _____	
Home phone number: _____	
Second address – Is there another address where the child may live from time to time? Address: _____ _____ _____	
Phone number: _____	
Name of the person/s who lives there: _____	Relationship to child: _____
Child's place of birth: _____ Nationality: _____ Religion: _____ First language: _____ Other languages used at home: _____	

## 2. Parent / Carer Details

Please complete the details below for at least one person who has legal parental responsibility for the child. These parents/carers will be the first contacts in an emergency, therefore please ensure you provide all possible contact numbers and update the nursery/pre-school immediately with any changes.

### 1<sup>st</sup> Person with Parental Responsibility (Main point of contact the child normally lives with)

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work phone number: \_\_\_\_\_

First language: \_\_\_\_\_

Country of origin: \_\_\_\_\_

### 2<sup>nd</sup> Person with Parental Responsibility

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / Other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Work phone number: \_\_\_\_\_

First language: \_\_\_\_\_

Country of origin: \_\_\_\_\_

**3. Other Emergency Contacts**

Please use this space to tell us about any individual to whom you have given permission to collect your child in an emergency. We will use the contacts below as the 3<sup>rd</sup> and 4<sup>th</sup> people to contact in an emergency.

<b>3<sup>rd</sup> Emergency contact</b>	
Title: <i>(Please circle accordingly)</i> Mr / Mrs / Miss / Ms / Dr / Other: _____	
Name: _____	
Relationship to child: _____	
Mobile number: _____	
Place of work: _____	
Work phone number: _____	
First language: _____	
Collection password: _____ (This can be any word which will allow us to identify them and permit collection of your child)	
<b>4<sup>th</sup> Emergency contact</b>	
Title: <i>(Please circle accordingly)</i> Mr / Mrs / Miss / Ms / Dr / Other: _____	
Name: _____	
Relationship to child: _____	
Mobile number: _____	
Place of work: _____	
Work phone number: _____	
First language: _____	
Collection password: _____ (This can be any word which will allow us to identify them and permit collection of your child)	

**4. Other Family Information**

Please provide details of other siblings, family members or other adults living at home:

<b>Siblings:</b>		
Name	DOB	School Attending (If Relevant)
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
<b>Other Adults:</b>		
Name	Relationship to Child	
-----	Relationship to Child	-----
-----	Relationship to Child	-----
-----	Relationship to Child	-----
-----	Relationship to Child	-----
<b>Persons who are strictly <u>not</u> permitted to collect your child:</b>		
<p>This section is for you to tell us about anyone you are aware of that may try to illegitimately collect your child, eg. where a restraining order is in place. We will only release your child to someone when you have given us specific authority to do so, this is to enable us to have a heightened state of concern should they visit.</p>		
<p>Full Name: _____</p> <p>Relationship to the child: _____</p> <p>Reason: _____</p>		
<p>Full Name: _____</p> <p>Relationship to the child: _____</p> <p>Reason: _____</p>		

**5. Previous or other childcare arrangements**

**Previous Registered Childcare Settings**

If you have moved or changed childcare providers, it may be necessary for us to contact the previous provider.

Name: \_\_\_\_\_ Ofsted Registration number if known: \_\_\_\_\_

Named contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Other Settings**

Some children may attend one or more other registered childcare settings including child minders. Good practice encourages providers to share information about the child’s development.

**Other Registered Settings**

Name: \_\_\_\_\_ Ofsted Registration number if known: \_\_\_\_\_

Named contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**I do / do not** (*delete as applicable*) consent to sharing your child’s learning journey, assessment reports with this organisation.

**Informal Arrangements**

Do you have any regular informal childcare arrangements such as grandparents, neighbours, friends or extended families?

Please describe: \_\_\_\_\_

Parents/Carers Signature \_\_\_\_\_ Date: \_\_\_\_\_

**6. Medical Information**

Please keep us informed of any updates and changes to this information.

<b>Immunisations</b>			
Has your child been fully immunised against the following? Please include what is recorded in your child's "red book" or Personal Child Health Record.			
<b>At 8 weeks old</b>		<b>At 12 weeks old</b>	
"6 in 1" vaccine (1 <sup>st</sup> dose)	Yes / No	"6 in 1" vaccine (2 <sup>nd</sup> dose)	Yes / No
Rotavirus vaccine (1 <sup>st</sup> dose)	Yes / No	Rotavirus vaccine (2 <sup>nd</sup> dose)	Yes / No
MenB (1 <sup>st</sup> dose)	Yes / No	PCV vaccine (1 <sup>st</sup> dose)	Yes / No
<b>At 16 weeks old</b>		<b>At 1 year old</b>	
"6 in 1" vaccine (3 <sup>rd</sup> dose)	Yes / No	PCV vaccine (2 <sup>nd</sup> dose)	Yes / No
MenB vaccine (2 <sup>nd</sup> dose)	Yes / No	MenB vaccine (3 <sup>rd</sup> dose)	Yes / No
		HibMenC vaccine (1 <sup>st</sup> dose)	Yes / No
		MMR vaccine (1 <sup>st</sup> dose)	Yes / No
<b>At 2 years old</b>		<b>At 3 years and 4 months old</b>	
Flu vaccine (every year)	Yes / No	MMR vaccine (2 <sup>nd</sup> dose)	Yes / No
		"4 in 1" pre-school booster vaccine	Yes / No
		Flu vaccine (every year)	Yes / No
<b>Is your child on regular medication?</b> Yes / No If yes, please give details:			
Parents are required to label all medicine and complete and sign a Medication form. Only prescribed medicine will be administered to children attending the nursery/pre-school.			
<b>Does your child have any allergies?</b> Yes / No If yes, please give details:			
<b>Is your child permitted to wear plasters?</b> Yes / No		<b>Can we use face paints on your child?</b> Yes / No	
<b>Are there any foods or drinks that your child can not have on medical or religious grounds?</b> If yes, please give details: _____			
<b>Is there anything else we should know about your child? (eg hearing, vision, speech)</b> Yes / No If yes, please give details:			

<p><b>General Practitioner/Doctor</b>                  Doctor name:                  Practice name:                  Practice address:</p> <p>Telephone number:</p>	<p><b>Health Visitor</b>                  Name or team name:</p> <p>Address:</p> <p>Telephone number:</p>
<p>I have / haven't attached further information (<i>please delete as appropriate</i>)</p>	
<p>I consent to any emergency medical treatment necessary while my child                  (Full name) _____ is under the care of YMCA                  Fairthorne Group. I authorise nursery / pre-school staff to sign any written form of consent required                  by the hospital authorities if the delay in getting the signature of a parent/guardian is considered by                  the doctor to endanger my child's health and safety.</p>	
<p><b>Parent's/Guardian's signatures:</b> _____</p> <p>Date _____</p> <p><b>Please print name:</b> _____</p>	
<p>All information will be treated as confidential</p>	

**7. Consents and permissions**

Please provide us with details of your consents for the following activities.

**Activity Consents:**

Activity	YES / NO (please circle)
• My child receiving emergency medical treatment whilst within our care.	YES / NO
• The application of sun cream to my child.	YES / NO
• My child using face paints	YES / NO
• My child taking part in activities involving nursery pets and organised visits from animals	YES / NO
• My child taking part in activities which take place outside the nursery (e.g. a supervised walk)	YES / NO
• My child taking part in water activities such as pond dipping and boat trips, where available	YES / NO
• My child using tools, including power tools (at age 3 years and over)	YES / NO

*Parents and carers will be notified when these activities occur.*

**Photo and video Consents:**

I consent to photographs and videos of my child being taken for:

Activity	YES / NO (please circle)
• Use in my child’s own nursery observations	YES / NO
• Use in other children’s nursery observations when my child is taking part in a group activity	YES / NO
• Use in nursery displays and nursery newsletters	YES / NO
• Use in wider YMCA marketing activity (for example, website, social media, literature)	YES / NO

**Communication Consents**

I consent to receiving the following types of communication.

Activity	YES / NO (please circle)
• Receiving specific updates about the progress of my child at nursery	YES / NO
• Receiving generic nursery communications (e.g. home learning activities, nursery updates)	YES / NO
• Receiving communications about other YMCA activities and organisational updates	YES / NO

Where consent is given, please confirm the contact details to be used. Where you would like both parents to receive communications, please add both contact details.

Parent Name(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Mobile number(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_



**8. Contact with Children and Families/Social Services (If applicable)**

Please provide details of any contact or support plan with social services, where applicable

Social Worker's name:

Telephone number:

Address:

Are there any other agencies or support workers involved in your child's care? If yes, please give us more information below

**9. Nursery Payment Details**

Please provide details of how you will be paying your nursery invoice each month.

Child's name (if not yet born use surname): _____	Date Of Birth (if not yet born use est. due date) _____
Full name of the person responsible for payment: _____	
Email address of payee to send invoices: _____	
Signature of payee: _____ Date: _____	

**Funding Information**

Do you qualify for 2 Year Funding:	YES / NO
If so, please enter your eligibility code:	_____
Do you qualify for 30 hour funding:	YES / NO
If so, please enter your eligibility code:	_____
<b>Name of Parent 1:</b>	_____
Date of Birth for Parent 1:	_____
NI number for parent 1:	_____
<b>Name of Parent 2:</b>	_____
Date of Birth for Parent 2:	_____
NI number for parent 2:	_____

I confirm that I give permission for the information above to be used to check my child's eligibility for government funding.

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

**Print name:** \_\_\_\_\_

**10. Payment by Childcare Vouchers**

Please detail whether you will be using childcare vouchers to pay your nursery fees.

Name(s) of child(ren) \_\_\_\_\_

Parent/Carer name \_\_\_\_\_

I confirm that I wish to pay: *(please tick appropriate box)*

My full fees by childcare voucher, every month until further notice.

£ \_\_\_\_\_ by childcare voucher every month until further notice.

If at any point you wish to change the above please complete a new form and return it to the office by the 15<sup>th</sup> of the month.

I confirm that I have seen, and agree to abide by the 'Childcare Vouchers' section of the Terms and Conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

**11. Payment by Tax Free Childcare (TFC)**

Please detail whether you will be using tax free childcare to pay your nursery fees.

Name(s) of child(ren): \_\_\_\_\_

Parent/Carer name: \_\_\_\_\_

TFC Code \_\_\_\_\_

I confirm that I wish to pay: *(please tick appropriate box)*

My full fees by TFC every month until further notice.

£ \_\_\_\_\_ by TFC every month until further notice.

If at any point you wish to change the above please complete a new form and return it to the office by the 15<sup>th</sup> of the month.

I confirm that I have seen, and agree to abide by the 'TFC' section of the Terms and Conditions.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

**12. Nursery Sessions required**

Please indicate the precise nursery sessions you would like to book.

Child's Name:	_____
Start Date / Change Date	_____
Child's Date of birth:	_____
Funding Form Attached	Yes / No / Not Applicable
Type of place: <i>(please circle accordingly)</i> Term time only / All Year Round	

Please tick the required sessions on each day:

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast Club</b>	8.00am-9.00am					
<b>7 Hours</b>	9.00am – 4.00pm					
<b>Morning Session</b>	9.00am-12.00pm					
<b>Lunch hour</b>	12.00pm-1.00pm					
<b>Afternoon Session</b>	1.00pm - 4.00pm					
<b>6 hours</b>	9.00am-3.00pm					
<b>Hot Lunch</b> (if using funded session)						

**For Nursery Use Only:**

<b>Converted</b>	
<b>Bill Payer Added</b>	
<b>Sessions Confirmed by Nursery</b>	
<b>Funding Form Completed</b>	
<b>Payment Details rec</b>	

**Direct Debit Form (Please ensure you print this page on a separate piece of paper)**



### Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

YMCA Fairthorne Group  
Fairthorne Manor  
Curdrige  
Hampshire  
SO30 2GH

Service user number

4	1	6	8	9	0
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Name(s) of account holder(s)


Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Instruction to your bank or building society**  
Please pay YMCA Fairthorne Group Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with YMCA Fairthorne Group and, if so, details will be passed electronically to my bank/building society.

Bank/building society account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DDI2

This guarantee should be detached and retained by the payer.

### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit YMCA Fairthorne Group will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request YMCA Fairthorne Group to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by YMCA Fairthorne Group or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when YMCA Fairthorne Group asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.