

YMCA Nursery New Milton 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.

1st Person with Parental Responsibility (Main point of contact the child normally lives with)	
Title: <i>(Please circle accordingly)</i> 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: _____	
2nd Person with Parental Responsibility	
Title: <i>(Please circle accordingly)</i> 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 3rd and 4th people to contact in an emergency.

3rd Emergency contact

Title: *(Please circle accordingly)* 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)

4th Emergency contact

Title: *(Please circle accordingly)* 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:

Siblings:		
Name	DOB	School Attending (If Relevant)
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Other Adults:		
Name	Relationship to Child	
-----	Relationship to Child	-----
-----	Relationship to Child	-----
-----	Relationship to Child	-----
-----	Relationship to Child	-----

Persons who are strictly not permitted to collect your child:

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.

Full Name: _____ Relationship to the child: _____ Reason: _____
Full Name: _____ Relationship to the child: _____ Reason: _____

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.

Immunisations			
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.			
At 8 weeks old		At 12 weeks old	
"6 in 1" vaccine (1 st dose)	Yes / No	"6 in 1" vaccine (2 nd dose)	Yes / No
Rotavirus vaccine (1 st dose)	Yes / No	Rotavirus vaccine (2 nd dose)	Yes / No
MenB (1 st dose)	Yes / No	PCV vaccine (1 st dose)	Yes / No
At 16 weeks old		At 1 year old	
"6 in 1" vaccine (3 rd dose)	Yes / No	PCV vaccine (2 nd dose)	Yes / No
MenB vaccine (2 nd dose)	Yes / No	MenB vaccine (3 rd dose)	Yes / No
		HibMenC vaccine (1 st dose)	Yes / No
		MMR vaccine (1 st dose)	Yes / No
At 2 years old		At 3 years and 4 months old	
Flu vaccine (every year)	Yes / No	MMR vaccine (2 nd dose)	Yes / No
		"4 in 1" pre-school booster vaccine	Yes / No
		Flu vaccine (every year)	Yes / No
Is your child on regular medication? 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.			
Does your child have any allergies? Yes / No If yes, please give details:			
Is your child permitted to wear plasters? Yes / No		Can we use face paints on your child? Yes / No	
Are there any foods or drinks that your child can not have on medical or religious grounds? If yes, please give details: _____			
Is there anything else we should know about your child? (eg hearing, vision, speech) Yes / No If yes, please give details:			

<p>General Practitioner/Doctor Doctor name: Practice name: Practice address:</p> <p>Telephone number:</p>	<p>Health Visitor 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>Parent's/Guardian's signatures: _____</p> <p>Date _____</p> <p>Please print name: _____</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:	_____
Name of Parent 1:	_____
Date of Birth for Parent 1:	_____
NI number for parent 1:	_____
Name of Parent 2:	_____
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 15th 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 15th 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
Breakfast Club	7.45am – 8.00am					
Full Day Care	8.00am – 6.00pm					
Morning Session	8.00am-1.00pm					
Mid Morning Session	9.00am-3.00pm					
Afternoon Session	1.00pm – 6.00pm					
Afternoon 4hr session	1.00pm-5.00pm					
Twilight Club	5.30pm – 6.00pm					
Additional Hours	Add in times					
Hot Lunch (if using funded session)						
Afternoon Tea (if using funded session)						

For Nursery Use Only:

Converted	
Bill Payer Added	
Sessions Confirmed by Nursery	
Funding Form Completed	
Payment Details rec	

