

## YMCA Nursery Newport 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.

<b>1<sup>st</sup> Person with Parental Responsibility</b> (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:	_____
<b>2nd Person with Parental Responsibility</b>	
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 3<sup>rd</sup> and 4<sup>th</sup> people to contact in an emergency.

#### 3<sup>rd</sup> 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<sup>th</sup> 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:

<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	-----

**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.

<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>	7.15am – 8.00am					
<b>Full Day Care</b>	8.00am – 6.00pm					
<b>Morning Session</b>	8.00am-1.00pm					
<b>Afternoon Session</b>	1.00pm – 6.00pm					
<b>Additional Hours</b>	Add in times					
<b>Hot Lunch</b> (if using funded session)						
<b>Afternoon Tea</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>	

