



# Marshfield Monkeys

Day Nursery, Wrap Around & Holiday Club

## REGISTRATION FORM

(please circle)

Child's Surname.....First Name .....male / female

Address.....

.....Postcode.....

DOB.....Religion.....

Nationality/Ethnicity.....Family's First language.....

Name and address of G.P .....

.....Telephone no.....

### Contact information:

Name of parent / carer.....

Telephone no. Home.....Mobile.....

Work no.....Email.....

Parental Responsibility: Yes  No

Name of parent / carer.....

Telephone no. Home.....Mobile.....

Work no.....Email.....

Parental Responsibility: Yes  No

### Contact details of person(s) authorised to collect your child regularly and for use in emergencies, if you are not available:

1.Name.....

Address.....;

Telephone no.....Password.....

2.Name.....

Address.....;

Telephone no.....Password.....

**Relevant Information**

To enable us to care for your child and for them to be settled and happy while they attend Monkeys, it is important that parents/carers inform us of their child’s needs and preferences. We recognise the importance of working in partnership with parents/carers and that we meet parents/carers’ wishes as far as is reasonably practicable.

Preferred name of child.....

Daily Routine.....

Any Medical Needs/Additional Needs/Special Requirements/Abilities or other information we may need:

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Allergies.....Dietary Requirements .....

Are there any services involved with the child or family? Yes  No   
(Paediatrician, speech & language, physio, social services, family support worker etc)

Name of service provider .....

Date involvement commenced.....

Immunisations/Vaccinations. Has your child been fully immunised against:

Diphtheria  Whooping Cough  Tetanus  Polio   
Measles  Mumps  Rubella  Hib Meningitis

Snack time (please circle preference) Milk Water Either

Any Further Information (special words, likes, dislikes etc)

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Is your child registered at any other setting?.....

**Arrangements in the case of sickness and/or any emergency**

Permission to administer basic first aid of which a written record will be kept.

Signature parent/carer.....Date.....

**Photographs and Videos** (please tick to give permission)

From time to time staff may take photographs and or videos of the children during activities / outings, these may be used for display purposes within the setting, on our website/Facebook page, to record your child’s development, part of play and to create gifts for family members.

I hereby give permission for my child to be photographed videoed  website Facebook

**Outings**

From time to time children will be taken on outings in the locality.

I hereby give permission for my child to be taken on outings in the locality.

**Face Painting**

I hereby give/do not give permission for my child to have his/her face painted.

Signature parent/carer.....Date.....

I will transfer a deposit of £50.00 via BACS, Marshfield Monkeys ACC:30433535 S/C:20.18.15.  
(The non-refundable deposit will be deducted from your first months’ fees.)

Name:.....Signed:.....Date.....  
Parent/Carer(s)