



Marshfield Monkeys

Day Nursery, Wrap Around & Holiday Club

REGISTRATION FORM

(please tick)

Child's First Name.....Surnamemale female

Preferred name of child.....

Address.....

.....Postcode.....

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

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

Contact information:

1. Name of parent / carer.....

Telephone no.s: Home.....Mobile.....

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

Address.....

Parental Responsibility: Yes No Password.....

2. Name of parent / carer.....

Telephone no.s: Home.....Mobile.....

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

Address.....

Parental Responsibility: Yes No Password.....

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

1.Name..... Relationship to the child.....

Address.....;

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

2 Name..... Relationship to the child.....

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.

Daily Routine.....

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

.....

Allergies.....Dietary Requirements

.....

Name and address of G.P

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

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

1. Name of service provider

Telephone no.....Date involvement commenced.....

2. Name of service provider

Telephone no.....Date involvement commenced.....

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

- Diphtheria Hepatitis A Hepatitis B HIB Mumps
- Measles Meningitis B Meningitis C MMR Tetanus
- Polio Rubella All immunisations are up to date:

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?.....

Photographs and Videos Please tick either **Yes** or **No** for each of the permissions

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 via Capture Education Family app, part of play and to create gifts for family members.

- Photographs** Yes No
- Video** Yes No
- Marshfield Monkeys Website** Yes No
- Marshfield Monkeys Social Media** Yes No

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

Permissions: Please **tick** either **Yes** or **No** for each of the permissions

Administer First Aid (a written record will be kept)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administer Prescribed Medication (a written record will be kept)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Apply Nappy Cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Apply Sun Cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorise Emergency Treatment (a written record will be kept) If my child becomes ill during the session, I/we will be contacted to arrange collection. If my child needs emergency treatment, an ambulance will be called. If the setting is unable to reach any of the emergency contacts, a member of staff will accompany my child to hospital and stay with them until I/we arrive.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Face Paint	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receive a plaster, if required.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Local outings, walks on foot.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outings in the car, with my prior knowledge	Yes <input type="checkbox"/>	No <input type="checkbox"/>
With my prior knowledge, discuss my child's needs with the Health Visitor, Link Teacher and if appropriate other professionals, to enable advice to be given to help my child's progress.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Please sign to confirm the information you have provided is both complete and accurate and that you understand that the giving of false information could invalidate your childcare contract terms and conditions.

I/we 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.)

1.Name:.....Signed:.....Date.....
Parent/Carer

2.Name:.....Signed:.....Date.....
Parent/Carer