



REGISTRATION FORM

Full Name of Child:

.....

Essential Information (please note that all boxes need to be filled)

Full Name of Child:	
To be known as	Date of Birth:
Address:	Male/Female:
	Home Telephone:
Post Code:	Primary email address: (invoices and newsletters)

Names of any siblings:

Mother's Name:	
Date of Birth:	National Insurance Number:
Address:	Work Address:
Home Telephone:	Work Telephone:
Mobile Telephone:	Email:
What information would you like to receive from us? (e.g. email/news letters/invoices)	

Father's Name:	
Date of Birth:	National Insurance Number:
Address:	Work Address:
Home Telephone:	Work Telephone:
Mobile Telephone:	Email:
What information would you like to receive from us? (e.g. email/news letters/invoices)	

Please state which parent(s) have parental responsibility:
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Any Other Person Responsible for daily care:

Name:	
Date of Birth:	Relationship to child:
Address:	Work Address:
Home Telephone:	Work Telephone:
Mobile Telephone:	Email:
What information would you like to receive from us? (e.g. email/news letters)	

Emergency Contacts

(Should any of the above mentioned people be unavailable)

Name:	Name:
Relationship to child:	Relationship to child:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile Telephone:	Mobile Telephone:
Email:	Email:
Password: (This must be given to staff on arrival at the nursery)	Password: (This must be given to staff on arrival at the nursery)

Other Settings

Has your child attended another setting previously?	YES/NO
Does your child currently attend another setting?	YES/NO
Do you give permission to share information between ourselves and other settings your child attends/has attended?	YES/NO
Name of other setting if applicable:	

Medical Information

Doctor:	Telephone Number:
Address	
Health Visitor:	Telephone Number:
Address	

Are there any health or physical issues which the nursery should be aware of: Yes/No

Please supply details:.....

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.....

Is your child on any long term medication: Yes/No

Please supply details:.....

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.....

Has your child any allergies: Yes/No

Please supply details:.....

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.....

Does your child have any special dietary requirements: Yes/No

Please supply details.....

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Immunisations:

Please list all immunisations and dates given

Please state if any other professionals are involved with your child (e.g. Speech Therapist, Health Visitor, Social Worker)

Other Details

Ethnic origin:
First Language:
Preferred Language:
Religion:

Are there any other issues relating to your child’s religion, culture, language or race that you wish the nursery to be aware of: Yes/No

Please supply details:.....
.....
.....

Please use the space below to advise us of any other issues you feel the nursery should be aware of: (These forms are dealt with in the strictest of confidence)

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Fair Processing Notice: Moon River Nursery and Pre -school is registered under the Data Protection Act 1998 to process personal information pursuant to the provision of childcare. From time to time we are required to pass on data to the Local Authority and its contracted agencies, other Local Authorities, The Department for Education and to agencies that are prescribed by law, such as Ofsted, the Department of Health and Primary Care Trusts. All personal data will be held securely and in accordance with the Data Protection Act 1998. If you have any questions about the use of this data, wish to access your personal data, or that of your child, then please contact the Manager in writing.

At Moon River we will be using an online learning journal in the near future. This allows you to securely access observations and photos of your child during their time here as well as seeing the developmental progress they are making. For the safety of all users, please confirm (by ticking the boxes) that you will:

- Not publish any material posted on our online learning journeys on any social media.
- Keep your login details within your trusted family only.
- Inform the nursery should you have any difficulties accessing our online learning journey.

Relation to child _____ email for login: _____

Relation to child _____ email for login: _____

Further information regarding our online learning journey such as security certification is available on request.

Moon River and Pre-school Nursery - Terms and Conditions of registration

Days and Sessions requested

Starting Date:.....

Day	Morning	Afternoon	Full day	Extended day	Extra Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Declaration

I give permission for my child(state name)

To undergo medical attention in an emergency Yes/No

To join in short walks and excursions Yes/No

To be photographed/recorded for nursery use Yes/No

I/We understand that nursery fees are payable one calendar month in advance on the **first of that month** and are not refundable for absence due to illness or for any holidays taken. Please note there are no reductions for public bank holidays.

I/We understand that Moon River Nursery and pre-school reserves the right to suspend or terminate a child's place where fees are outstanding. Fees are normally reviewed annually.

I/We understand that the registration fee is non-refundable and payable with this registration form to secure a place for my child. If you decide not to start your child, having registered, any monies paid are non-refundable.

I/We understand that there is a duty placed upon Moon River Nursery and pre-school to report any concerns relating to the welfare of any child to Social Services or Ofsted

I/We understand that a minimum of one full calendar months' notice must be given in writing to cancel a place or change sessions. Otherwise the next month will be charged for. (E.g. to cancel/change sessions in February, notice must be given on/by 1st January)

I/We understand the Terms and Conditions and will adhere to all of the Policies and Procedures of Moon River Nursery and pre-school

Invoices and newsletters are emailed out. If you need a paper copy please tick here

Signed:..... Print Name:..... Date:.....

Signed:..... Print Name:..... Date:.....