

Child Registration Form – Choo Choos Day Nursery & Preschool

Personal Details

Full Name of child*			
Date of birth*			
Gender*			
Home address*			
Postcode			
Hair colour *		Eye colour *	
Ethnic origin		Religion	
Nationality*			
Language(s) spoken at home*			
Details of any disabilities/special needs *			
How did you hear about Choo Choos Day Nursery?			
Preferred start date (DD/MM/YY) *			

About your family

Mother/Carer	
Title*	
First name *	
Surname*	
Date of Birth * (DD/MM/YYYY)	
Password *	

Password – the password is a security feature we use, so if staff members do not recognise the person collecting, they will check your name and password to see if this matches our record.

* Mandatory fields

Home address*	
Postcode	
Home telephone number*	
Mobile*	
National Insurance number *	
Email Address*	
Work name & address*	
Work telephone numbers*	
Responsibilities* (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Access to Blossom <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Father/Carer	
Title*	
First name *	
Surname*	
Date of Birth * (DD/MM/YYYY)	
Password *	
Home address*	
Postcode	
Home telephone numbers*	
Mobile*	
National insurance number*	
Email*	
Work name & address	
Work telephone numbers*	
Responsibilities* (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Access to Blossom <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

* Mandatory fields

Other contacts – you must supply 2 emergency contacts, that are different from mother and father

Contact one*			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery <input type="checkbox"/>	Contact in emergency	<input type="checkbox"/>
Contact two*			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery <input type="checkbox"/>	Contact in emergency	<input type="checkbox"/>

* Mandatory fields

Medical details

Does your child have any allergies? *	Yes / No (please circle)
<i>If yes, please give details of the cause and reaction. Please state whether this is a confirmed allergy, or something you are cautious might be causing reactions.</i>	
Does your child have any special dietary requirements? *	Yes / No (please circle)
<i>If yes, please give details</i>	
Name of GP*	
Name of surgery *	
Address	
Postcode	
Telephone number	

Health visitor details	
Name	
Address	
Postcode	
Telephone number	

Other agency details	
Name	
Address	
Postcode	
Telephone number	

Any other details that we should know about?

Nursery attendance *

Please indicate your preferred hours. Our opening hours are 8am to 6pm. It is a minimum of 5 hours per day, which can be any hours during operational hours.

Monday	Tuesday	Wednesday	Thursday	Friday

Would you like breakfast to be provided? *Breakfast is around 9am* * Yes / No

Would you like tea to be provided? *Tea is around 3:45pm* * Yes / No

Do you require a place for term-time only? *This means your child will not attend during the school holidays, in line with Somerset Council* * Yes / No

Funding *

Is your child in receipt for any of the following government funding?

Type of Funding	Please Circle	
2 year old funding (if yes, and you are a working parent who applied through your government gateway portal, please provide the 11-digit code and the national insurance number used for the application below. If you applied through Somerset Council, please provide us with a copy of the letter) 11 digit code..... NI Number	YES	NO
30 hours funding (if yes, please provide the 11-digit code and the national insurance number used for the application below) 11 digit code..... NI Number	YES	NO

*Please note, if your child is funded, and is all year round, the funding is stretched so they will receive 11/22 hours per week rather than 15/30 hours. You must confirm eligibility for the funding code every 3 months for working 2 year olds and 30 hours funding. Food becomes an additional cost when your child becomes funded. Funding commences the term after you become eligible, for example, if your child turns 3 in November, you will receive 3-year-old funding from January. Or if you apply for 2-year-old funding in June, you will receive funding from September.

* Mandatory fields

Permissions * Please circle Yes or No for each permission and sign and date each permission.

Permission	Please Circle	Sign	Date
Take photos of your child, to use on your child's Blossom profile	YES NO		
Use photos of your child for advertising (on the nursery website, social media, newspapers and other forms of advertising)	YES NO		
Take your child on nursery outings, when an appropriate risk assessment has been performed	YES NO		
Permission to administer sun cream? (this must be supplied from home)	YES NO		
Permission to administer prescription medication	YES NO		
Permission to have adhesive dressings applied	YES NO		
Permission to call an ambulance in the event of an emergency	YES NO		
Permission to have face painted	YES NO		
Permission for the following creams to be applied:			
Sudocrem	YES NO		
Bepanthen	YES NO		
Metanium	YES NO		
Others, please state	YES NO		

Registration checklist – Please ensure you complete all of the below to avoid a delay in your child starting nursery

	Tick if complete
Proof of address (utility bill or bank statement within the last three month)	
Birth Certificate of the child you are registering	
Signed contract	
Administration Fee - £60 (not applicable to funded children)	

* Mandatory fields