



Registration

Full name of child.....

Child is known as

Date of birth Male/ Female (*please circle*)

Address.....

.....

.....

Post Code.....

Home Telephone.....

Birth certificate/passport number.....

Funding 15 hours/ 30hours/FF2

Ethnicity.....

Mother's Name.....

Address.....

.....

.....

Post Code

Mobile.....

Email.....

NI number..... DOB.....

Mother's Place of Work.....

Address.....

.....

Post Code.....

Telephone.....Email.....

Does this parent have parental responsibility? **YES/NO** (*please circle*)

Father's Name.....
 Address.....

 Post Code.....
 . Mobile.....Work.....
 Email.....
 .NI number.....DOB.....
 Father's Place of Work.....
 Email.....
 Does this parent have parental responsibility? **YES/NO** (please circle)
 Can they collect your child? **YES/NO** (please circle)

Please give details of 2 people we can contact and authorize to collect your child in case of emergency if parents/carers cannot be contacted:

Name:	Name:
Relationship to child:	Relationship to child:
Tel No:	Tel No:
Mobile:	Mobile:
Signature:	Signature:

Please note that any telephone numbers given should be available for us to contact in case of an emergency

We use a password system for authorized persons to collect your child, if these persons do not have the password unfortunately, we will not be able to let your child leave the setting.

Password:.....

At this current time this information is correct, and I will inform Dolly's Daycare of any changes as they may occur.

Signature of person with legal responsibility:

Print name.....
 Signature..... Date.....



Health Declaration

Full name of the child:

Date of Birth:

Please give details of child's doctor:

Name of Dr:	
Surgery Name and Address:	Tel No:
Health Visitor Name:	Tel No:

Please supply us with the following information about your child:

My child suffers from:	
Please give details and dates of immunisations	
Please give details of any allergies:	
Please specify any special dietary requirements your child has:	
Please give details of any regular medication your child is on:	
Does your child have any special educational needs or disability?	YES/NO (<i>please circle</i>) If YES please give details:
Are there any professionals involved with the child?	YES/NO

In the event of my child requiring emergency treatment, I give consent for members of staff accompanying my child to approve the application of any emergency treatment, including anaesthetic advised by the medical authorities for the well being of my child.



Culture

How would you describe your child's ethnicity or cultural background?	
What is the main religion in your family?	
Are there any special occasions or festivals celebrated in your culture that your child will be taking part in and that you would like to see acknowledged or celebrated whilst he/she is in our care?	
What languages are spoken at home?	
Will this be your child's first experience of being in an English environment?	YES/NO (please circle)

Does your child attend another child care provider such as day care/ childminder?

YES/NO (please circle)

If **YES** please give details:

Name of Setting.....

Telephone number.....E-mail

Key Person

Days and hours attended

Please tick below which days and times you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day 8am-4pm					
Am session 9am-12pm					
Pm session 1pm-4pm					
Free Early Education Session					
Full day 9am-3pm					
Am session 9am-12pm					
Pm session 1pm-4pm					

GDPR and privacy notice

We are obliged to keep certain records for funding purposes and registration these are all kept safely in locked filing cabinet and only the owners and senior staff have access to them. You will also be asked to read and sign our privacy notice that explains what personal data we hold, and we are required to give you this under the data protection law.

Please sign that you have received and read the document in your pack.

Signature..... Date

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