



Registration Form

Magic Steps Nursery | Trout Road | West Drayton | Middlesex | UB7 7RN | Tel: 01895 435 844 | info@magicstepsnursery.co.uk

REGISTERING YOUR CHILD

Name of child.....

Home Address.....

.....Post Code.....

Date of Birth...../...../..... Male Female

(Please provide an estimated due date for an unborn child.....)

Does your child have any special physical conditions, disabilities or allergies? Yes No

If yes please describe.....

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Details of all individuals who have parental responsibility for the child:

	Details of Parent/Carer	Details of Parent/Carer
Full Name:		
Relationship to child:		
Home Address: (if different from child's above)		
Work Address: (for emergency contact purposes)		
Home Tel No:		
Mobile Tel No:		
Work Tel No:		
Email Address 1:		
Email Address 2:		



NURSERY PLACE REQUIREMENTS

To confirm your intention to register at the nursery, please enclose a deposit of £100 which will be fully refundable and deducted from your final invoice on termination of the required nursery place.

Requested start date of nursery sessions.....

Full time Part time

Preferred Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Full day Sessions					
Morning Sessions					
Afternoon Sessions					

HEALTH INFORMATION

Name of Child’s Health Visitor.....Tel.....

Name of Child’s Doctor/Clinic.....Tel.....

Address of Child’s Doctor/Clinic.....

.....Post Code.....

Does your child require any regular medication? Yes No

If yes please describe.....

Does your child have any dietary requirements? Please specify.....

Are there any foods or drinks your child is not allowed? Please specify.....

CONSENT

Your consent is required to seek medical attention in the event of a medical emergency or accident involving your child whilst in our care. We will endeavour to contact you or a nominated person as soon as possible, however where time is of the essence do you give us the authority to seek medical attention, advice or treatment as appropriate?

Yes No

Do you give permission for an adhesive dressing (plaster) to be applied if the first aider feels it is required?

Yes No

As part of our standard practice we apply sunscreen to children before allowing them to go outside in warm sunny weather. Do you give permission for sun cream to be applied to your child when accessing the outdoor areas?

Yes No

Weather permitting, and as long as it is safe to do, staff members may take children on walks outside the nursery in the surrounding areas. Babies and young toddlers will be taken on walks in a buggy. Do you give permission for your child to participate in these outings? All outings are risk assessed and, where possible, prior notice will be given.

Yes No

Magic Steps Nursery may take photographs of children who attend the nursery as part of our programme of activities. We may display some of these photographs throughout the nursery; use them in individual children's personal development and progress records and/or post them on the Nursery's website. Do you give permission for us to photograph your child during their attendance at the nursery?

Yes No



EMERGENCY CONTACTS

Please provide details of alternative contacts, who can be telephoned in an emergency, should we be unable to reach the parents/carers detailed on the previous page:

1	Name	Relationship
	Address: Post Code:	Daytime Tel No: Mobile Tel No:
2	Name	Relationship
	Address: Post Code:	Daytime Tel No: Mobile Tel No:
3	Name	Relationship
	Address: Post Code:	Daytime Tel No: Mobile Tel No:

Please provide a security password, to be used by your alternative contact(s) if they collect your child. No child will be released into their care until their identity has been confirmed, and the password provided to the nursery.....



PARENTAL RESPONSIBILITY

Where applicable, please provide details of any court orders which allow/disallow legal contact with the child. This should include the name of the individual listed in the court order and any other relevant details. In addition, please provide the nursery with a copy of the actual court order.

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Parent/Carer Signature..... **Parent/Carer Signature**.....

Name..... **Name**.....

Date..... **Date**.....

FOR OFFICE USE ONLY			
£100 refundable deposit paid		Direct Debit Mandate completed	
Childcare voucher provider		Voucher amount	
Alternative funding (specific proof required prior to start date)			
Alternative funding amount & due date			