

**Registration Form**

# Nursery details:

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| **Name of Nursery:** | Cubs Club Nursery |
| **Business Address of Nursery** | 134-136 Landor Rd, Clapham, London SW9 9JB |
| **Telephone Number:** | 0207 2747424 |

**Child Details:**

|  |  |
| --- | --- |
| **Full Name of Child:** |  |
| **Preferred Name:** |  |
| **Gender:** |  |
| **Date of Birth:** |  |
| **Home Address:** |  |
| **Home Telephone Number:** |  |
| **Ethnicity:** |  |
| **Home Language:** |  |
| **Second Language:** |  |
| **Religion:** |  |

**Additional information: Details of custody/court orders:**

**Parent/Carer Information:**

**Please give details of all persons who may collect your child placing them in the order in which you would like them to be contacted:**

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| --- | --- |
| **Name of parent/legal guardian 1:** |  |
| **Relationship to child:** |  |
| **Parental responsibility** | **Yes/No \* delete as appropriate** |
| **Home address:** |  |
| **Home telephone number:** |  |
| **E-­‐mail address:** |  |
| **Mobile telephone number:** |  |
| **Name and address of employer:** |  |
| **Work telephone number:** |  |

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| **Name of parent/legal guardian 2:** |  |
| **Relationship to child:** |  |
| **Parental responsibility** | **Yes/No \* delete as appropriate** |
| **Home address:** |  |
| **Home telephone number:** |  |
| **E-­‐mail address:** |  |
| **Mobile telephone number:** |  |
| **Name and address of employer:** |  |
| **Work telephone number:** |  |

|  |  |
| --- | --- |
| **Other contact** |  |
| **Name:** |  |
| **Relationship to child:** |  |
| **Parental responsibility** | **Yes/No \* delete as appropriate** |
| **Home address:** |  |
| **Home telephone number:** |  |
| **E-­‐mail address:** |  |
| **Mobile telephone number:** |  |
| **Name and address of employer:** |  |
| **Work telephone number:** |  |

**Health and medical:**

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| --- | --- |
| **Doctors name:** |  |
| **Surgery address:** |  |
| **Surgery telephone number** |  |
| **Health visitors name:** |  |
| **Child NHS number:** |  |
| **Child’s dentist:** |  |
| **Dental surgery address:** |  |
| **Dental surgery telephone number :** |  |

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| **Has your child been immunised against the following? Please tick** | | | | | |
| **Diptheria** | **Tetanus** | **Polio** | **MMR** | **Whooping cough** |  |

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| **Has your child ever suffered from any of the following? Please tick** | | | | | | |
| **Mumps** | **Scarlet fever** | **German Measles** | **Measles** | **Chicken Pox** | **Convulsions** | **TB** |
| **Fit** | **Small Pox** | **Whooping cough** | **Polio** | **Tetanus** | **Diphtheria** | **Hand foot and mouth** |

**Does your child suffer from any allergy, phobias or any condition we should be made aware of?**

**Does your child have any dietary requirements including food allergies?**

**Is your child on regular medication?**

|  |  |
| --- | --- |
| **Does your child have any additional needs with their:**  **Hearing Yes/No**  **Speech Yes/No**  **Vision Yes/No**  **Behaviour Yes/No**  **Physical Yes/No Other – Please state** | |
| **Has your child had, or is currently having, support from the following:** | |
| **Professional** | **Please state their name:** |
| **Health visitor** |  |
| **Speech therapist** |  |
| **Physiotherapist** |  |
| **Pediatrician** |  |
| **Other (please specify)** |  |

Permissions

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| --- | --- |
| Do you give permission for your child to be taken on short walks locally? | YES / NO |
| Do you give Cubs Club Nursery Ltd permission to observe and record your child’s progress and development? These records are open to you at all times. | YES / NO |
| In order to develop inclusive practice within our nursery, it may be necessary to seek advice from other professionals from time to time on how to adapt our practice to meet the individual needs of children, do you acknowledge your agreement with this | YES / NO |
| Do you give Cubs Club Nursery Ltd permission to apply Sun lotion to your child (sun lotion to be supplied by parent/carer. | YES / NO |
| In the event of a medical emergency do you give permission For your child to receive medical treatment? | YES / NO |
| Do you give permission for the nursery staff to apply hypoallergenic plasters to your child if required? | YES / NO |

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| At Cubs Club Nursery Ltd we take photos of the children to be used for printed publications relating to the nursery, The Cubs Club Nursery website and also for pictorial evidence for activities undertaken to assist with Ofsted inspections. | |
| Are you happy for your child’s photo to be taken in activities? These photos may be used in other childr Learning Journeys | nurseryen’s  YES/NO |
| Are you happy for your child’s photo to be used in printed publications? | the nursery’s  YES / NO |
| Are you happy for your child’s photo to be used on website? | the nursery’s  YES / NO |
| If your child performs in a nursery play are you happy for your child to be photographed  by other parents/carers. YES/NO | |
| Do you agree to not sharing any videos or pictures  media sites? | taken at Cubs Club on social  YES / NO |

# Cubs Club Ltd Confidentiality Policy

To ensure all those using and working within the nursery can do so with confidence, we will respect confidentiality in the following ways;

Prior written permission will be obtained to hold personal details on children and employees. We will declare in advance any routine transfer of data beyond the childcare setting. An exception would be advising Social Care Services concerning an issue of safeguarding children.

All children’s records will be available to the parents/carers of that child. Relevant staff will also have access. All records will be stored in line with Data Protection Registration, and kept in a secure location.

The nursery is registered to hold personal data and our certificate is located in the hallway.

Any anxieties/evidence relating to a child’s personal safety will be kept in a confidential file and will not be shared within the group except with the necessary staff.

Staff will not discuss individual children, other than for the purpose of curriculum planning/group management, with people other than the parents/carers of that child.

Information given by parents/carers to the supervisor/manager will not be passed on to other adults without permission.

All staff/student/volunteers inductions include an awareness of the importance of confidentiality in the role of Key Person. If staff breaches any confidentiality provisions, this may result in disciplinary action, and in serious cases, dismissal.

Students and volunteers will be advised of our confidentiality policy and required to respect it.

Issues relating to employment of staff will remain confidential to the people directly involved with making personnel decisions.

Staff policies and procedures are in place in case of a breach of confidentiality.

We will ensure that all staff, students and volunteers are aware of and follow our social networking policy in relation to confidentiality.

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Agree that **Cubs Club Ltd** may hold the information I have given for the purpose of managing

the provision and undertake to advise the Manager of any changes to these details.

I understand that this information will be available to employees and the management and that I may inspect the information relating to my child (children) by giving reasonable notice to the manager.

Name of child (children)………………………………………….. Name of parent……………………………………………….

Signature……………………………………………………..

Dated…………………………………………………………

**Nursery Attendance:**

**Requested start date:**

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| **Requested sessions ( Please circle)** | | | | | | | | | | | | | | |
| **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** | | | **Friday** | | |
| **FD** | **AM** | **PM** | **FD** | **AM** | **PM** | **FD** | **AM** | **PM** | **FD** | **AM** | **PM** | **FD** | **AM** | **PM** |

**Grant Funding**

**Yes/No \* delete as appropriate**

**Invoicing:**

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| --- | --- |
| **Your invoice will be sent to you by e-­‐mail, please provide us with your current e-­‐mail address:** |  |

**If you are receiving funding (care2play/adult education/job center) for this place, please give full details of whom the invoice should be sent to:**

**Name: Address:**

**To confirm registration of your child’s place a registration fee of £55.00 is required to cover administration costs**

**A deposit of £500.00 is required and will be given back to you at the end of your child’s stay at Cubs Club Nursery, if you are late paying your nursery fee, the balance will be deducted out of your deposit.**

**I/we, the undersigned have completed the registration form and indicate by signature my acceptance of the terms and conditions of this agreement.**

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| --- | --- |
| **Customer Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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| --- | --- | --- | --- |
| **Office use only** | **tick** |  |  |
| **Registration fee paid** |  | **Staff name:** |  |
| **Invoice and standing order form sent** |  | **Job title:** |  |
| **Welcome pack sent** |  | **Signature:** |  |
| **Details logged on computer** |  |
| **Copy of registration form and profile given to the room leader** |  | **Date:** |  |