



Nursery Registration Form

Oakeshott Avenue Highgate, London, N6 6ED

020 8347 9500

hollylodgemanager@qcca.org.uk

Ofsted registration: EY477571

Registered Charity No: 1096655

Nursery Registration					
Attendance Schedule:					
Session(s)	Monday	Tuesday	Wednesday	Thursday	Friday
Full Time					
Morning					
Afternoon					
Attendance Type:					
Term Time (38 Weeks annually) <input type="checkbox"/>			Full Time (Inclusive of half terms & holidays) <input type="checkbox"/>		
Date I wish my child to start:			Settling dates: to		

Child's Details	
Surname:	First Name:
Date of Birth:	Gender: M / F
Ethnic Origin:	Religion:
Child's First Language:	Disabilities: Yes / No
Home Address:	Home Telephone Number:
Postcode:	Mobile(s):
	Email (compulsory):
<u>Parent 1 / Guardian 1's Details:</u>	<u>Parent 2 / Guardian 2's Details:</u>
Name:	Name:
Date of Birth:	Date of Birth:
Home Number:	Home Number:
Mobile:	Mobile:
Work Number:	Work Number:
Email:	Email:
National Insurance Number:	National Insurance Number:
Please confirm the name of person(s) who holds parental responsibility for the child:	Name(s) of the Parents or Guardians that the child lives with:

Previous Care Providers

If your child/children have previously attended a daycare setting or childminder, please provide details below.

Previous Setting / Childminder Information:	
Name of Setting/Childminder:	
Name of Centre Manager (If applicable):	
Address and Postcode:	
Date Enrolled:	
Date care ended:	
Reason for Leaving:	

Emergency Contacts

Please provide details of an emergency contacts in the event of being unable to contact parent(s)/guardian(s).

Person **must** be over 16 years of age

Name (1): Address: Home Number: Mobile Number: Relation to child:	<div style="border: 1px solid black; padding: 5px;"> <p><u>Security Password:</u></p> <p>Please create a security password for identification purposes. This will be necessary when you would like this person to collect your child.</p> <p>Password: _____</p> </div>
Name (2): Address: Home Number: Mobile Number: Relation to child:	<div style="border: 1px solid black; padding: 5px;"> <p><u>Security Password:</u></p> <p>Please create a security password for identification purposes. This will be necessary when you would like this person to collect your child.</p> <p>Password: _____</p> </div>
<p>Name of People authorized to collect child:</p> <p>(MUST BE OVER 16+ AND CHILDREN WILL NOT BE HANDED OVER TO ANYONE OTHER THAN THOSE NAMED, UNLESS PRIOR NOTIFICATION HAS BEEN RECEIVED).</p>	1. _____ 2. _____ 3. _____

Please provide details of any other family members or friends residing in the same address as the child, including siblings and other children.

Name	DOB	School/Nursery	Relation to child



The following questions will provide staff with information that will help to settle your child into the nursery and get to know him/her.

If English is not your first language, please write any words in your native language that would be helpful to staff to support your child? e.g. Greetings, Toilet, water, food, sleep etc...

Has your child had experience of interacting with other children? Please give details.

If your child is upset, what will help calm him/her?

Dummy Cuddles Special Toy other (please specify) _____

Is your child fearful of anything? E.g. pets, noises etc.

Is there anything else that you think the staff should know about your child that will help him/her to settle and care for your child?

Daily Routine

Please write in the space below your child's daily routine.



Additional Needs Information		
Does your child have any additional needs? Please tick		
<input type="checkbox"/> Communication (speech and language) <input type="checkbox"/> Sensory (visual, hearing) <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Physical Difficulties <input type="checkbox"/> Medical		
Please give any details about additional needs or any other information you would like to share: _____ _____		
Is your child involved with any outside agencies or professionals e.g. a Speech and Language Therapist, Occupational Therapist, 'Early Support', Child Development Centre, Health Services, etc.		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please give contact details:		
Name:	Agency:	Tel Number:
Does your child require special equipment or aids?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please specify: 		
Is your family involved with Family Support or CAF?		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please specify and give contact details: 		
Designated agent's Name:		Designated agent's Tel:



Does your child or family have a named social worker?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify and give contact details:	
Designated agent's Name:	Designated agent's Tel:

Medical Information	
Are your child's vaccinations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please state any vaccinations not yet received:
Please provide immunization details below:	
Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Polio <input type="checkbox"/> Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/> Whooping Cough <input type="checkbox"/>	
Does your child have any current medical conditions we should know of?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	
Does your child suffer from any of the following?	
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Any skin conditions e.g. eczema	
Please write any further health information down below.	
Does your child take regular medication?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide medication details below.	
Does your child have any allergies or food intolerance that you are aware of?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	



Does your child have any personal care requirements e.g. toileting or feeding?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	
Full name and address of child's doctor:	Name and contact details of child's health visitor:
Tel:	Tel:
Do you give consent for your child to receive any medical treatment deemed necessary in an emergency by appropriate medical professional?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give permission for the nursery to contact and share information with outside agencies (i.e. the health visitor, speech therapist, physiotherapist, etc).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parental Declaration

Please tick the box that applies to your child and fill in the relevant information if your child does attend another setting.

- I declare that my child named on this form does not attend any other setting for which free nursery education funding is paid.
- I declare that my child named on this form does attend another setting for which free nursery education funding is paid for _____ session/s per week.
- I agree to allow sun cream to be applied to my child's skin, but I understand that I must supply a cream that I know to be suitable to my child's skin.
- I give permission for my child to be given Calpol if his/her temperature reaches 38C or more.
- I agree to work in partnership with Holly Lodge Nursery (part of Queens Crescent Community Association) and to adhere to the nursery's terms and conditions.
- I understand that all the information I have provided here will be treated as confidential. I also understand that if a matter of safeguarding my child arises, Holly Lodge Nursery may need to share aspects regarding my child without my consent.

Signed (parent/guardian):	1. _____	Date:	_____
Signed (parent/guardian):	2. _____	Date:	_____

Consent to contact

We would like to keep you informed about the services and activities at the nursery via our monthly newsletter. Please indicate below whether you consent to be contacted in the following ways:

Emails

Post

How did you hear about us?

**Tapestry – An Online Learning Journal
Permission Slip**

A learning journal will be used to reflect your child’s time at Holly Lodge nursery. It may include photographs of your child at play with other children, for example in a group of children wearing costumes or group activities such as trips and outings.

Child’s Name: _____

I do/ do not give permission for photos of my child to be added to his/her individual Learning Journal to document daily activities, learning, development, achievements and events.

I do/ do not give permission for my child to appear in group photos used in Learning Journeys for all children at the nursery.

I agree not to electronically share, by social media or other platforms, any photo on my Childs Learning Journal where other children can be clearly identified.

The email address I wish to use for my Tapestry account is:

All Parent/Carer/s that will be linked to the account need to sign below:

Name:

Name:

Signature:

Signature:

Date:

Date:

Please return this slip to the office or return via email as soon as possible.

**Image consent
Permission Slip**

Occasionally we may use photos of children, taken during activities, trips and outings, on our website, newsletter and social media platforms to promote Holly Lodge nursery and its services to the local community.

We will ensure images are appropriate to the situation and all images comply with child protection regulations.

We would like to seek your permission to use photos taken during activities, outings and trips where your child is identifiable, for the purpose of promoting Holly Lodge nursery.

I give Holly Lodge Nursery permission use photos of my child on the nursery's website, newsletter and social media platforms.

I DO NOT give Holly Lodge Nursery permission use photos of my child on the nursery's website, newsletter and social media platforms.

Name:

Name:

Signature:

Signature:

Date:

Date:

Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child's time at Holly Lodge nursery.

The following section is to ascertain how your fees will be paid, either wholly or in part, please fill in all the sections that are relevant to you.

Payment Information		
If any part of the fees are personal payments made by you:		
Privately (Personal Payments):	All: <input type="checkbox"/> Part: <input type="checkbox"/> None: <input type="checkbox"/>	If only partially, how much: £
If any part is college funded:		
College Funded:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Proof of attendance required: <input type="checkbox"/> (for office use only)
College Name:		
Address:		
Amount Funded by College:	£	Proof of amount: <input type="checkbox"/> (for office use only)
Point of Contact (Bursar):	Name: Position:	Email:
College Payment Date:	/ / /	
If any part is Voucher Funded:		
Voucher Funded (Scheme):	Yes: <input type="checkbox"/> No: <input type="checkbox"/> E.g. Sodexo, Edenred, KuVoucher etc.	
Voucher Provider:		
Amount Funded:	£	Per Month
Date of Payment:	/ / /	
If any part is Government Funded:		
NEF Funded:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Proof: <input type="checkbox"/> (for office use only)
2YOS Funded:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Proof: <input type="checkbox"/> (for office use only)
Working Tax Credits:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Proof: <input type="checkbox"/> (for office use only)
	Amount for Childcare: £	
Signature:	Date:	
Print Name:	Relationship:	

Staff Check List (Form is not complete until all relevant boxes are checked)		
Evidence Provided	Mandatory	If applicable
Birth Certificate (Child)	<input type="checkbox"/>	
Proof of address (within the last 3 months)	<input type="checkbox"/>	
Proof of income (P45 / P60, payslips from last 3 months)	<input type="checkbox"/>	
Proof of Working Tax Credits		<input type="checkbox"/>
Proof of College Enrolment		<input type="checkbox"/>
Proof of 2YOS Funding		<input type="checkbox"/>
Letter of College Funding		<input type="checkbox"/>
College Bursar contact details		<input type="checkbox"/>
Signed:	Print Name:	Date:

For Office Use Only: Please only tick & sign if documents have been provided & payments have been reconciled			
Relevant proofs seen: <input type="checkbox"/> (Proof of income, 2YOS, NEF, College Attendance/Funding)		Relevant payments received: <input type="checkbox"/> (Registration & Month in advance)	
Payment Received By:		BAC's: <input type="checkbox"/>	Cash: <input type="checkbox"/>
Signed by Manager:		Signed by Finance:	
Print Name:		Print Name:	



Holly Lodge
NURSERY