



## Registration Form

A: Details and History of Child			
Surname		First name	
Known as		Date of Birth	
Gender		Religion	
Nationality		First Language	
Ethnicity		Second language	
B: Details of Parents/ Guardians / Carers			
Parent / Carer 1			
Name		Relationship	
Address		Email Address	
Occupation		Home/Mobile No.	
Work Address		Work No.	
Parent / Carer 2			
Name		Relationship	
Address		Email Address	
Occupation .		Home/Mobile No.	
Work Address		Work No.	

<p>Doctor:</p>	<p>Name: _____ Tel No: _____  Address: _____</p>																	
<p>Medical History:</p>	<p>Please indicate if your child had been vaccinated against the following:</p> <table data-bbox="261 376 1283 515"> <tr> <td>Tetanus:</td> <td>YES/ NO</td> <td>Diphtheria:</td> <td>YES/ NO</td> </tr> <tr> <td>Chicken Pox:</td> <td>YES/ NO</td> <td>Whooping Cough:</td> <td>YES/ NO</td> </tr> <tr> <td>Poliomyelitis:</td> <td>YES/ NO</td> <td>MMR:</td> <td>YES/ NO</td> </tr> <tr> <td>HIB (Meningitis):</td> <td>YES/ NO</td> <td></td> <td></td> </tr> </table> <p>Has your child had any infectious illnesses? If so, please provide details below  .....  .....</p> <p>Does your child have any allergies / sensitivities? If so, please provide details below  .....  .....</p>		Tetanus:	YES/ NO	Diphtheria:	YES/ NO	Chicken Pox:	YES/ NO	Whooping Cough:	YES/ NO	Poliomyelitis:	YES/ NO	MMR:	YES/ NO	HIB (Meningitis):	YES/ NO		
Tetanus:	YES/ NO	Diphtheria:	YES/ NO															
Chicken Pox:	YES/ NO	Whooping Cough:	YES/ NO															
Poliomyelitis:	YES/ NO	MMR:	YES/ NO															
HIB (Meningitis):	YES/ NO																	
<p>Food</p>	<p>Food intolerance/ Sensitivities</p>	<p>Food forbidden by religion or culture</p>																
<p>Other special needs:</p>																		
<p align="center"><b>C: Emergency contact numbers  (other than Parents / Guardians / Carers)</b></p>																		
<p>Contact 1</p>	<p>Name: _____ Tel No: _____  Relationship: _____  Mobile No: _____</p>																	
<p>Contact 2</p>	<p>Name: _____ Tel No: _____  Relationship: _____  Mobile No: _____</p>																	

**D: Child Care Sessions Required**

Start Date .....(Please take into consideration a non-chargeable one week settling in period, before starting)

**Your Preferences and Requirements**

Which would be the preferred days you would like your child to attend?

We can offer childcare sessions within the set booking patterns which are outlined below. The booking patterns enhance a more highly efficient and organised nursery however, most importantly the children are settled during their transition period in our care.

Age of child when starting: \_\_\_\_\_ Room Allocated: \_\_\_\_\_

Please tick days you require

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day 8am to 6pm					
Early Bird 7.30am - 6.30pm					

**Your Flexibility**

Meeting your requirements is important to us, in the event we are at full capacity on your chosen days:

Can you accept different days of the week? Yes / No

Can you initially accept fewer days until your chosen days are available? Yes / No

Relationship:

Mobile No:

**Information about why we offer these childcare sessions:**

In our professional experience and opinion, we feel that having a child in our care for only one day a week does not allow the child to settle into our environment as they forget the routine, staff, other children and can become very distressed saying goodbye to their parents each week. Therefore, we have implemented a minimum of two consecutive days' sessions of childcare; this is enough to allow the child/children to feel happier during the transition period from home to nursery, thus making a more pleasant and smoother experience for all.

As we do not provide a one-day session, in turn we offer two, three, four-day sessions and full-time sessions.

To ensure that the wellbeing of the children in our care is safeguarded, we have strict policies covering certain aspects of childcare. It would therefore be helpful if you would sign and date each section below and overleaf, in the spaces provided in order to give us authorisation. This form will be kept in a prominent position in your child's file. Thank you for your cooperation.

**E: Medication and Medical Help**

I / we understand and agree any medication brought onto the premises must be <b>PRESCRIBED</b> medication and the child be brought in a minimum of <b>72 hours (3days)</b> after medication is first administered or an immunisation administered	Sign ..... Date.....
In the event of my / our child requiring a course of prescribed medication, I / we give Pitta Patta Day Nursery permission to administer the necessary medication. (Following guidelines clearly labelled on the bottle)	Sign ..... Date.....
In the event of an accident and my/our child requiring emergency medical treatment, I / we consent for a member of staff to take the child to a G.P or hospital, after being informed.	Sign ..... Date.....
In the event of my/our child suffering from a high temperature (37.5C 99.5F) I / we give consent for nursery staff to administer Calpol. I understand my child/our children cannot return to nursery for 72 hours following a temperature. I / we confirm that my child/our children do not have an allergy to Calpol.	Sign ..... Date.....

**F: Trips and Outings**

I / we give consent for my / our child being taken out of nursery on day trips and outings. I / we understand that in the event of an annual outing, whereby the entire Nursery will be in attendance, if I / we choose to keep my / our child home, the daily fee is still payable as this is deemed as a Nursery closure. Sign..... Date.....
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Provide a Password

In the event that your child should need to be collected by another person: .....
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**G: Human Rights**

I / we understand that on occasions the nursery's activities may involve face painting therefore, I / we give consent for my / our child to be involved.  Sign..... Date.....
I / we give consent for my / our child to be photographed. The photographs can be used within the nursery for displays and in the nursery newsletter which is sent out to parents/carers. YES / NO I / we give consent for my / our child to be videoed. (e.g. filming during birthday celebrations). YES /NO I / we give consent for my / our child's images or videos to be used for promotional and advertorial purposes. YES /NO  Sign..... Date.....

<b>H: Policies and Procedures</b>	
I / we can confirm that I have read and understood the Terms and Conditions and that all Policies and Procedures set out here at Pitta Patta Day Nursery are available for inspection in the nursery office	Sign ..... Date.....
I / we have read and understood the late collection policy.	Sign ..... Date.....
I/ we have read and understood the webcam policy.	Sign ..... Date.....
I/ we agree to the outing and transport policy. On occasions weather permitting we visit local museums and parks etc.	Sign ..... Date.....
I/ we accept there is a policy purchase for a Nursery T-Shirt and Red Rucksack at the cost of £25.00.	Sign ..... Date.....
I / we can confirm that I / we have read and accept the Terms and Conditions for receiving the 15/ 30 funded hours, an additional fee will be charged stated in the Pitta Patta Day Nursery Funded Hours Policy (not to exceed the hourly charge).	Sign ..... Date.....

<b>I: Declaration</b>
<p>I / We have read and agreed to the terms and conditions for a nursery placement for my / our child.</p> <p>I / We have made payment for the registration fee of £95, either enclosing cash, or via BACS to account number: 01199378, Sort code 30-98-42, using the reference of your child's surname followed by 555, for example Smith 555.</p> <p>Signature..... Print name.....</p> <p>Date.....</p> <p>Signature..... Print name.....</p> <p>Date.....</p>

We would like to thank you for choosing Pitta Patta Day Nursery for your choice of childcare.

Please return your completed registration form to:  
Pitta Patta Day Nursery  
48 St Germans Rd, London, SE23 1RX  
E-mail: admissions@pittapattadaynursery.co.uk