

Registration form

Child	
Name	
Date of birth	
Position in family	
Religion	
Ethnic origin	
Nationality	
Language(s) spoken at home	
Details of any disabilities / additional needs	
Allergies / intolerances?	Yes / No (please circle)
If yes, please give details of the cause and reaction	
Dietary preferences?	Yes / No (please circle)
If yes, please give details	
Does your child have any additional needs eg vision, hearing, speech?	Yes / No (please circle)
If yes, please give details	
Has your child had any of the following immunisations? Please tick and date	
Five in one (diphtheria, tetanus, whooping cough, polio, hib)	
MMR	
Meningitis C	
PCV (pneumo jab)	
Tetanus	
Hib / Men C booster	

NHS Number	
Name of GP	
Name of surgery	
Address	
Telephone number	
Name of health visitor	
Address	
Telephone number	
Other agency name	
Address	
Telephone number	
Any other details we should know about?	

Parent(s) / carer(s) with whom child resides					
Title					
First name					
Surname					
Password					
Address					
Tel numbers					
Home email					
Work address					
Work tel numbers					
Responsibilities (tick all that apply)	<table border="0"> <tr> <td>Parental responsibility</td> <td>Payment of fees</td> </tr> <tr> <td>Collect child from nursery</td> <td>Contact in emergency</td> </tr> </table>	Parental responsibility	Payment of fees	Collect child from nursery	Contact in emergency
Parental responsibility	Payment of fees				
Collect child from nursery	Contact in emergency				

Other(s) with parental responsibility not living with child					
Title					
First name					
Surname					
Password					
Home address					
Tel numbers					
Home email					
Work address					
Work tel numbers					
Responsibilities (tick all that apply)	<table border="0"> <tr> <td>Parental responsibility</td> <td>Payment of fees</td> </tr> <tr> <td>Collect child from nursery</td> <td>Contact in emergency</td> </tr> </table>	Parental responsibility	Payment of fees	Collect child from nursery	Contact in emergency
Parental responsibility	Payment of fees				
Collect child from nursery	Contact in emergency				

Emergency contact one			
Title			
First name			
Surname			
Relationship to child			
Address			
Tel numbers			
Responsibilities (tick all that apply)	<table border="0"> <tr> <td>Collect child from nursery</td> <td>Contact in emergency</td> </tr> </table>	Collect child from nursery	Contact in emergency
Collect child from nursery	Contact in emergency		
Emergency contact two			
Title			
First name			
Surname			
Relationship to child			
Address			
Tel numbers			
Responsibilities (tick all that apply)	<table border="0"> <tr> <td>Collect child from nursery</td> <td>Contact in emergency</td> </tr> </table>	Collect child from nursery	Contact in emergency
Collect child from nursery	Contact in emergency		

Please inform the people named above that you have given us their details so we can contact them if we are unable to reach you if your child is unwell, has an accident or is uncollected at the end of the session.

Please give the vehicle registration numbers of anyone collecting from preschool by car.

How do you wish to be contacted?

Our primary reasons for collecting personal data is to contact you about your child, track their learning and development, and to keep them safe. We will do this ordinarily by phone or email.

In addition, we would like to continue to send you information about Play B C Preschool such as newsletters, surveys, or invitations to events. Please tick the relevant boxes to indicate if and how you are happy for us to contact you.*

Post	Email	Phone	I do not wish to receive information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The preferred method is _____

*The indications you make here are your choices, we will not send information of this nature to any additional adults

If you or any additional adults have any queries or concerns about data protection please email Marsha Dann, our data protection officer at marsha@playbc.co.uk or call on 020 8088 4808.

I have read the attached contract for parents attached to this form and agree to comply with all the terms implicit in those details (please tick).

Name: _____

Signed: _____

Date: _____

Office use only

Input into nursery administration system (tick when complete) on (date)

Input by

Position

Actual start date

Key person

Permission slips received

Nursery trips agree / disagree

Emergency medication agree / disagree

Photographs agree / disagree