

Bumpsa Daisies

Nursery Ltd

Please complete this form in BLOCK CAPITALS

PERSONAL INFORMATION

Child's full name		Date of birth	
Known as		Gender	
Child's religion		Ethnic Group	
First Language spoken			

Parent/Carer Name 1		Mobile telephone	
Relationship to child		Email address	
Home Address		Do you have parental Responsibility? <input type="checkbox"/>	
		Child resides at this address? <input type="checkbox"/>	
Place of work:			
Work Telephone:			

Parent/Carer Name 2		Mobile telephone	
Relationship to child		Email address	
Home Address		Do you have parental Responsibility? <input type="checkbox"/>	
		Child resides at this address? <input type="checkbox"/>	

Place of work:	
Work Telephone:	

SECURITY COLLECTION/EMERGENCY DETAILS

We only allow authorised adults (18+) to collect your child with prior notice from you on the day in question. Please provide details below of the adults that you give consent for the collection of your child. Please ensure you have the individuals consent to share their details with us.

A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password, we will not release your child to them.

Password	
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We require a minimum of TWO contacts

Name	Relationship to child	Home telephone No:	Mobile No:	Contact in Emergency	Permission to Collect
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Does your family have a social worker for any reason?	
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Name	
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Telephone number:	
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What is the reason for the involvement of Social Services with your family?

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FOR OFFICE USE - NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social worker named above and keep these securely in the child's named Child Protection file.

ATTENDANCE

	Monday	Tuesday	Wednesday	Thursday	Friday	2 year funding	3 & 4 year funding	Term time only
Morning 8am-1pm								
Afternoon 1pm-6pm								
Full day 8am-6pm								

All children joining the nursery are required to complete a settling in period of 5 days prior to their official start date, please bear this in mind.

Preferred date that you wish for your child to officially start?	
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HEALTH AND DEVELOPMENT

Has your child had the following vaccinations?

	<u>8 weeks</u> 6 in 1 vaccine Rotavirus MenB	<u>12 weeks</u> 6 in 1 vaccine (2 nd) Pneumococcal (PCV) vaccine Rotavirus (2 nd)	<u>16 weeks</u> 6 in 1 vaccine (3 rd) MenB (2 nd)	<u>1 year</u> Hib/MenC MMR Pneumococcal (PCV) vaccine (2 nd) MenB (3 rd)	<u>3 years and 4 months</u> MMR (2 nd) 4-in-1 pre-school booster	<u>2 - 10 years</u> Flu Vaccine	<u>1-9 years</u> Polio booster
Yes							
No							

Has your child had any of the following illnesses?

	Measles	Whooping Cough	Chicken Pox	Mumps	Scarlet Fever	German Measles	Covid -19 confirmed
Yes							
No							

Does your child suffer from?

	Asthma	Allergies	Hay Fever	Seizures	Febrile Convulsions	Eczema	Heart Condition	Kidney/Bladder Problems	Diabetes
Yes									
No									
If Yes to any of the above, please describe in more detail:									

Has your child ever had a bee or wasp sting?

	Bee sting	Wasp sting
Yes		
No		

Does your child require medication, either long term for existing conditions or lifesaving drugs such as Ventolin? (Please give details of the medication and dosage)	
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Does your child have any food allergies?

	Nuts	Gluten	Crustaceans	Eggs	Fish	Lupin	Milk	Molluscs	Celery	Peanuts	Soya	Sesame seeds	Sulphur Dioxide
Yes													
No													
If yes, please provide further details. (Information on other allergies can also be provided here)													

Does your child have any special/cultural dietary requirements or preferences?	
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Is your child Registered with:

	GP	Dentist
Yes/No		
Address		
Contact No:		

Do you have any concerns about your child's:

	Walking	Hearing	Sight	Eating	Weight	Emotional Well being
Yes						
No						

Has your child had their 2 year health review with a Health Visitor?	Date of completion:
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Has or is your child currently seeing any of the following professionals?

	Health Visitor	Educational Psychologist	Speech & Language Therapist	Paediatrician	Physiotherapist	Portage	Occupational Therapist	Other
Yes								
No								

If your child has been seen or is being seen by any professionals, please provide copies of reports, this allows for key person to prepare for any additional support/interventions your child may need when joining the nursery.

PERMISSIONS AND CONSENTS

Permission for the setting to act in loco parentis	
If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the settings management to exercise their own judgement in calling the doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply, and sign and date this section.	
I / We parent(s)/guardian(s) of	do / do not give consent
on my / our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.	
I / We do not agree to this statement and indicate our wishes as follows	
Signatures of parent(s)	
Date	
Please tick the statements below if you consent to the following:	

	I consent for staff applying a factor 50 sun cream to my child in the event of hot weather
	I consent for staff to apply teething gel to my child's gums, if provided by me
	I consent for staff to apply nappy cream to my child's skin, if provided by me
	I consent to my child having their face painted at nursery on special events such as parties.
	I consent to my child's photograph being taken by a professional photographer booked by the nursery throughout the year
	I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, etc
	I consent to photos/videos being taken of my child offsite e.g. outings, park trips
	I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting
	I consent to my child having their photograph taken to be used for publicity purposes - website, flyers.
	I consent to my child's photograph being used on the setting's social media sites.
	I consent to my child's artwork (with their name) being displayed in the setting
	I consent to my child being videoed/photographed for use by the setting staff only with regards to observational purposes either assessment of children, an activity or for monitoring children's behaviour.
	I consent to my child's developmental progress, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary.
Please sign below to confirm your consent for the indicated statements above:	
Signature of Parent(s)/Guardian:	

CCTV USE IN THE NURSERY

Bumpsa-Daisies Nursery is securely monitored by a CCTV surveillance system. The nursery manager is responsible for the operation of the system.

CCTV has been installed to assist in ensuring a safe and secure environment for the benefit of the children/staff/parents/carers/visitors whilst on the premises.

The CCTV system has been registered in accordance with the Data Protection Act 2018.

Viewing of recorded images of CCTV will be restricted to the Nursery Management within the private office.

This is NOT a 'webcam' facility; parents will not have access to view recordings.

Further information regarding how we use children's images within the setting can be found in our Image Use Policy.

SPECIAL NOTE: Please notify us immediately of any changes to the information provided. Please feel free to come and discuss any problems or concerns with us. If there are any other notes you would like to add, please use the space below.

I / We confirm that the information provided on this form is correct to the best of our knowledge.

Parent/Carer 1 full name _____ I have read and accept the general terms and conditions of registration	Date:
Parent/Carer 2 full name _____ I have read and accept the general terms and conditions of registration	Date:

FOR OFFICE USE ONLY

Proof of age seen		Proof of address seen	
Deposit paid on		Registration fee paid on	