



# CMC NURSERY

## REGISTRATION FORM

USE BLOCK LETTERS

### Child's Details

First Name  Surname

Sex  Male  Female DOB

Ethnic Origin  First Language

### Booking Details

Start Date

|         | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|--------|---------|-----------|----------|--------|
| AM      |        |         |           |          |        |
| PM      |        |         |           |          |        |
| ALL DAY |        |         |           |          |        |

### Parent/Guardian Details 1

Relationship to child

Title  First Name  Surname

Address

E-mail

Telephone Number  Mobile Number

Place of work  Telephone Number

### Parent/Guardian Details 2

Relationship to child

Title  First Name  Surname

Address

E-mail

Telephone Number  Mobile Number

Place of work  Telephone Number

State which parent the child normally resides with if you are separated (if care is divided explain how)

Are there any additional parents/carers we should know about?

### Emergency Contact 1

Title  First name  Surname

Address

E-mail

Telephone Number  Telephone Number

Relationship to child  Verbal password

Brief description of person

### Emergency Contact 2

Title  First name  Surname

Address

E-mail

Telephone Number  Telephone Number

Relationship to child  Verbal password

Brief description of person

To secure your child's place, a returnable deposit of £120 for part time and £200 for full time guaranteed. A month's fees will be payable at least a week before the child starts.

I/we confirm that I/we have disclosed relevant details/information to CMC Nursery regarding my/our child, and will take full responsibility to inform them of any changes as and when they arise. I/we have read and understood the regulations and requirements of CMC Nursery. Please return this form to the CMC Nursery location of your choice with registration fee of £50 which is non refundable.

Signed  Date

Signed  Date



# COAT OF MANY COLOURS NURSERY

## PARENTAL RESPONSIBILITY FORM

### USE BLOCK LETTERS

Parents/Carer's Name .....

Is this the child's permanent living address  Yes  No

If not please list the child's full time living address .....

Postcode .....

Home Tel..... Mobile Tel .....

Work Tel..... Email .....

Is the Child living with the parents above?  Yes  No

PARENTAL RESPONSIBILITY\*:  Yes  No

Anyone else with parental responsibility\*:  Yes  No

### Health Form

Doctor Name and Address .....

Telephone Number .....

Doctor's Email ( If available).....

Please state any allergy your child have.....

Please state any illness your child has had .....

Please state any medicine that is required with the above illness

Dietary (specific diet that your child has to follow).....

### Immunisation (Tick as appropriate)

Diptheria  HIBS  MMR  Polio  Tetanus  Whooping Cough

Any other immunization (please state) .....

### Special Needs (Tick as appropriate)

Behavioural Problems  Communication Problems  Hearing Disability

Learning Disability  Physical Disability  Visual Disability

Any other special need ( please state) .....

Asthma or other conditions ( please state) .....

Please give any further information about your child, which you think may be useful

### Consent for giving treatments, go on outings, take photographs and permission for another named person

Please tick the following items and date if you give permission for your child to do this whilst at the Nursery

Water Play/Bath in Nappy

Apply sun/nappy cream

Observed by Staff & Students

For Training & College Work

Body painting In Nappy

### Treatment for injuries

In the event of an accident while your child is in the care of the nursery every attempt will be made to contact a parent/guardian.

Should this not prove possible any immediate treatment which may be required will be given by a member of staff, corporate doctor or a local hospital, whichever is the most appropriate.

I.....herby give consent for any immediate

### Treatment for Calpol (prescribed only)

Reason for medication: High temperature, cold, teething etc

To be taken as necessary, the dose and frequency according to the direction on the bottle.

I authorize Nursery staff to administer Calpol to my child.

Parent/Guardian's Signature:.....

Date: .....

**Visits/Outings**

I Hereby give permission for .....to leave the premises of Coat of many colours Nursery. I grant permission for my child to be taken on outings and walks in the surrounding area.

My consent is given to coat of Many Colours Nursery to take my child on outings which may be situated outside a one mile radius of the Nursery.

Parents Signature..... Date.....

**Other Named Person**

I Hereby give permission to.....who is the other named person. I must inform the manager and give a positive identity of the person, such as photograph and/or a password.

Password: .....

Parents Signature..... Date.....

**Take Photos**

I Hereby give permission for.....take picture of my child on events (birthdays, outings and daily activities). I also grant permission for students to take pictures to use it in their course work.

Parents Signature..... Date.....