



## Registration Form

If you would like to register your child for a place at The Blue Strawberry, please complete the following and send it together with the appropriate registration fee.

Nursery Location:	
Child's Full Name:	
Home Address (including Post Code)	
Home Telephone No:	
DOB:	Gender:
Religion:	Language:
Disability:	
<b>Parent's / Guardian's Details</b>	
Parent's / Guardian's Details	Parent's / Guardian's Details
First Name:	First Name:
Surname:	Surname:
Occupation:	Occupation:
National Insurance No:	National Insurance No:
Work Place and Address:	Work Place and Address:
Work Telephone No:	Work Telephone No:
Mobile Number:	Mobile Number:
e-mail:	e-mail:

Emergency Contact Details Should You Not Be Available			
Name	Relationship to Child	Home Telephone	Mobile Telephone

**SECURITY**

Please provide us with a generic password to keep on file for occasions when you nominate friends or family to collect your child from Nursery

**PASSWORD:**



MEDICAL DETAILS						
<b>Doctors Name:</b>						
<b>Doctors Address:</b>						
<b>Doctors Telephone Number:</b>						
<b>Medical Conditions:</b>						
<b>Dietary Requirements:</b>						
<b>Regular Medication</b> (including dosage)						
<b>Allergies:</b> (Please specify ALL signs and symptoms of a reaction and medication required)						
<b>Vaccinations</b>	<b>2 Months</b>	<b>3 Months</b>	<b>4 Months</b>	<b>12 Months</b>	<b>13 Months</b>	<b>3.5 Years</b>
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Pneumococcal Infection						
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Meningococcal C						
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haemophilus Influenzae B (Hib), Meningococcal C, Pneumococcal Infection						
Haemophilus Influenzae B (Hib), Meningococcal C						
MMR 1st (Measles, Mumps and Rubella), Pneumococcal Infection						
Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio (Pre-School Booster), MMR 2nd (Measles, Mumps and Rubella)						

Please complete the following in full, in order for us to reserve the correct place for your child/children.

<b>Start Date</b>	
<b>Full Time</b> (Please tick)	
<b>Part Time</b> (Please tick)	
<b>Shorter Day</b> (8:30-4pm) (Please tick)	



Please indicate the sessions required using the table below:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					
Charge band required					

## Parental Responsibility

Mothers **ALWAYS** hold parental responsibility for a child **UNLESS** the child has been adopted. If parents **ARE** married at the time of the child's birth then the father also has parental responsibility. If parents **ARE NOT** married at the time of birth but the father is on the birth certificate then both the father and mother have parental responsibility. If parents **ARE NOT** married at the time of birth and the father **IS NOT** on the birth certificate then the mother has parental responsibility.

Please indicate clearly who has Parental Responsibility for this child:

The Blue Strawberry Kids Day Care Ltd actively works to safeguard and promote the welfare of all children. We have a legal responsibility and duty of care to report any concerns to the appropriate authorities.

Would you like to have a home visit prior to your start date **Yes**  **No**

Please provide proof of DOB (e.g Birth Certificate / Passport)

Seen & Documented By:..... Date:.....

During your child's time at nursery we may be asked to share information with other professionals such as; **Health Services:** - Speech and Language; Audiology; Community Paediatrician; Community Mental Health Services; GP; Midwives; Hospitals; Physiotherapy; Disability Services; Ophthalmology; or

**Support services:** - Housing; Benefit Agencies; Family Support Worker; Children and Family Hubs; Education and Early Years: - Nurseries; Pre-School Settings; School Nursing. Do you consent to us sharing information regarding your child's wellbeing and child development where we feel it is necessary to do so?

**Yes**  **No**

**Please ensure that both parents sign this contract.**

I have read and agree to The Blue Strawberry's terms and conditions and understand that the registration fee is not refundable. I have indicated who has Parental Responsibility for the child and agree that this true. I enclose the non-refundable deposit of £30 to secure my child's place.

Signed .....(Parent / Guardian)

Signed ..... (Parent / Guardian)

Date.....

Date.....