

Montessori Nursery Registration Form

Thank you for choosing our Nursery to provide childcare for your child.

Please complete the following information and return to us before your child's start date.

About your child

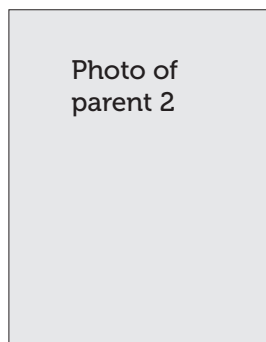
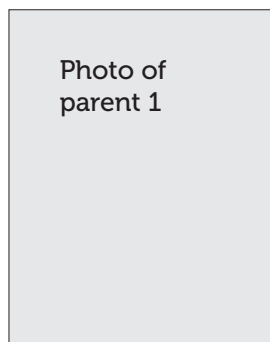
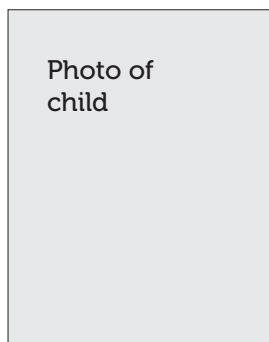
Child's name	
Child's date of birth	
Gender	
Ethnic origin	
First language	
Second language (if any)	
Is your child subject to a Court Order	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide a copy)

Parent Details

Parent 1 name	
Relationship to child	
Address	
Postcode	
Mobile phone	
Home phone	
Work phone	
Email	
Do you have parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to receive SMS messages about	<input type="checkbox"/> Nursery updates and activity days <input type="checkbox"/> Special offers and events
Would you like to receive emails about	<input type="checkbox"/> Nursery updates and activity days <input type="checkbox"/> Special offers and events

Parent 2 name	
Relationship to child	
Address	
Postcode	
Mobile phone	
Home phone	
Work phone	
Email	
Do you have parental responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to receive SMS messages about	<input type="checkbox"/> Nursery updates and activity days <input type="checkbox"/> Special offers and events
Would you like to receive emails about	<input type="checkbox"/> Nursery updates and activity days <input type="checkbox"/> Special offers and events

Please include the following photos



Emergency Contact Details

Main person to contact in an emergency	
Contact Number	
Relationship	

In the event of an accident or emergency, I / we give consent for nursery to seek medical advice, attention or treatment as deemed appropriate. This is on the clear understanding that I / we, will be contacted at the earliest opportunity.

If we are unreachable, the persons named below should be contacted to be informed of the situation:

Name	
Contact Number	
Relationship	

Name	
Contact Number	
Relationship	

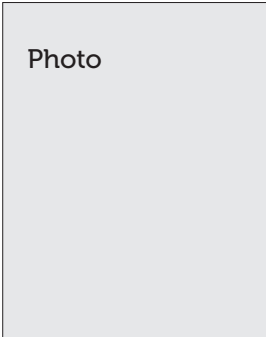
Signed by Parent	
Date	

Signed by Parent	
Date	

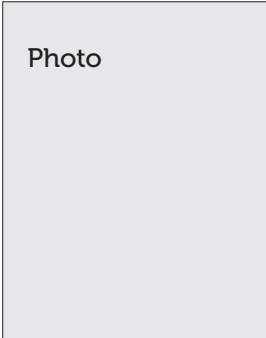
Additional Responsible Adults

Please provide details of anyone else, who may also be responsible for dropping off or collecting your child. Please also provide a password that is shared only with the persons below. Please be aware we may be unable to allow them to collect your child, if the correct password is not known.

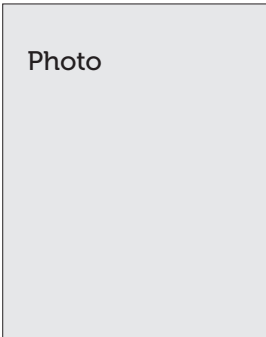
Name	
Contact Number	
Relationship	
Password	



Name	
Contact Number	
Relationship	
Password	



Name	
Contact Number	
Relationship	
Password	



Medical Details

It is imperative that the information in this section is completed in full and reviewed on a regular basis. Nursery should be informed immediately, should there be any change to the information detailed below

Allergies and Medication

Does your child have any known Allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please detail below

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Does your child have any diagnosed medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please detail below

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Does your child need to take any prescribed medication on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, please detail below

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Record of Immunisations

Please record the date of your child's immunisations below:

Age Due	Immunisation	Date Received
8 weeks	<ul style="list-style-type: none"> • 6-in-1 Vaccine Diphtheria, Hepatitis B, Hib (Haemophilus Influenzae Type B), Polio, Tetanus, Whooping Cough (pertussis) • Pneumococcal • Rotavirus Vaccine • MenB Vaccine 	
12 weeks	<ul style="list-style-type: none"> • 6-in-1 Vaccine (2nd dose) Diphtheria, Hepatitis B, Hib (Haemophilus Influenzae Type B), Polio, Tetanus, Whooping Cough (pertussis) • Rotavirus (2nd dose) 	
16 weeks	<ul style="list-style-type: none"> • 6-in-1 Vaccine (3rd dose) Diphtheria, Hepatitis B, Hib (Haemophilus Influenzae Type B), Polio, Tetanus, Whooping Cough (pertussis) • Pneumococcal Vaccine (2nd dose) • MenB Vaccine (2nd dose) 	
1 year	<ul style="list-style-type: none"> • MMR Vaccine • Hib/MenC Vaccine • Pneumococcal Vaccine (3rd dose) • MenB Vaccine (3rd dose) 	
2-8 years (Annually)	<ul style="list-style-type: none"> • Children's Annual Flu Vaccine 	
3 years and 4 months	<ul style="list-style-type: none"> • 4-in-1 Pre-School Booster Diphtheria, Tetanus, Whooping Cough, Polio. • MMR Vaccine (2nd dose) 	

Please tell us about any other immunisations your child has received

Immunisation	Date Received

Dietary Requirements

Please list any special dietary requirements your child may have:

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Medical Details

Please provide the details of any medical professionals your child has contact with:

Doctor's Name	
Address Postcode	
Contact Number	
Health Visitor's Name	
Address Postcode	
Contact Number	
Support Agencies e.g. portage workers, Speech Therapists etc.	
Address Postcode	
Contact Number	
Was your child born prematurely?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Medicine Consent (England Only)

If your child develops a high temperature above 38°C that cannot be lowered by cooling methods, we will make every effort to contact you or your nominated emergency contacts to collect your child from nursery and for you to administer children's Paracetamol to reduce your child's temperature.

In the event that you are unable to return and you are unable to make arrangements to have your child collected or someone else to administer Paracetamol within a reasonable time, we will accept your verbal permission to administer emergency Paracetamol. Your child must have been in nursery for more than 4 hours and you must confirm that your child has not, in the last 24 hours, taken 4 or more doses of any medication containing Paracetamol.

If we are unable to contact you or your emergency contacts, we reserve the right to seek medical advice by calling NHS Direct on 111 or an ambulance. If requested, we will administer the recommended dose for the child's age of children's Paracetamol from our own emergency supply.

To enable us to administer this medication we require you to complete the following:

I confirm that my child is not allergic to children's Paracetamol. I give my consent for the nursery to contact NHS Direct or the Ambulance Service if they are unable to contact myself or my nominated emergency contacts to return to nursery to collect my child and administer children's Paracetamol in a reasonable time when my child's temperature cannot be reduced below 38°C. I agree to sign the Sudden Illness Assessment form when I collect my child from nursery, to confirm I have been made aware that this medicine has been administered.

I understand that the nursery can only give one dose of children's Paracetamol and that if my child's temperature rises again or after 45 minutes my child's temperature has not reduced, I must make arrangements to collect my child or an ambulance will be called.

Signed by Parent	
Date	

Unexplained Allergic Reaction

(Where an Antihistamine is not already prescribed for my child and held at nursery)

If my child has an unexplained allergic reaction, I understand the nursery will seek immediate advice from either NHS Direct or the Ambulance Service who may advise immediate administration of an Antihistamine.

I therefore give my permission for administration of Nursery Antihistamine based on medical advice received.

Signed by Parent	
Date	

Please complete the following and confirm if you do / do not give permission for the following to be administered to your child:

Plasters	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunscreen	Yes <input type="checkbox"/> No <input type="checkbox"/>

General Permissions

Photography:

I / we give permission for appropriate and relevant photos of my child to be used in the following ways –

	Yes	No
For internal use within my child's nursery		
For use on Busy Bees website (www.busybeeschildcare.co.uk) and other sites owned by Busy Bees		
For use on Busy Bees Social Media platforms (Facebook, Twitter, Instagram and LinkedIn)		
For use on external marketing materials (such as adverts, printed posters, signage etc)		
For use on carefully selected third party partners website and social media platforms		

Learning Journals:

We are required by relevant Local Authorities and Enforcing Governing Bodies to have Learning Journals available for all children.

Please state your permission preferences for the below:

	Yes	No
I am happy for my child's Learning Journal to be kept in the relevant nursery room		
I am happy for my child's photo to be taken for use in their child's Learning Journal		
I am happy for my child's photo to be taken for use in other children's Learning Journals (only as part of a group photo or if they are appear in background of image)		

If you wish to withdraw consent to any of the above, please let your Nursery Manager know.

I / we confirm that all information provided is correct and I / we understand that any changes should immediately be updated.

Signed by Parent:	
Date:	

Signed by Parent:	
Date:	