



**POTRTOBELLO DAY CARE NURSERY
REGISTRATION FORM**

**£25 Registration Fee needs
to pay at the time of
enrolment.**

ALL SECTIONS OF FORM MUST BE COMPLETED

Child's Name.....

I (parent/guardian) apply for the admission of the above named child to attend Portobello Day Care Nursery for the Morning/afternoon session (please indicate preference by circling your choice).dtg
In support of this application I give the following particulars concerning my circumstances and hereby declare that by signing this form I am confirming that all information provided is true and correct.

| | |
|---|--|
| Child's legal first name - | Child's middle name - |
| Child's legal surname - | Preferred name - |
| Date of Birth - Admin to sign to verify sight of Birth Cert..... | Gender - Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Child's home address - | |
| Postcode - | |
| Religion - | Home language - |

Contact 1:

| | | | |
|--|-------------------------|---------------|---------------------------|
| Name of parent/ carer - Home address - | Relationship to child - | | |
| Postcode - Mob No: | | | |
| Surname | First Name(s) | Date of birth | National Insurance Number |
| | | | |

| | |
|--|---------|
| Work address - | Tel no: |
| Is the above person a legal guardian / have parental responsibility for this child? YES / NO | |

Contract 2:

| | | | |
|--|-------------------------|---------------|---------------------------|
| Name of parent/ carer - Home address - | Relationship to child - | | |
| Postcode - Mob No: | | | |
| Surname | First Name(s) | Date of birth | National Insurance Number |
| | | | |

| | |
|--|---------|
| Work address - | Tel no: |
| Is the above person a legal guardian / have parental responsibility for this child? YES / NO | |

Who does the child normally live with -

Contract 3:

Name of third contact - (In the case of unavailability of 1st and 2nd contact) -

Address -

Postcode -



Mob No:

Relationship to child -

Contact details

In case of an emergency please contact

1st 2nd 3rd
(E.g 1st Mother 2nd Father 3rd Contact)

Has your child attended any other nursery or playgroup, if so please give details

.....

Other children at home

| Name | Date of birth | School attending if at school age |
|------|---------------|-----------------------------------|
| | | |
| | | |
| | | |

HEALTH INFORMATION

| | |
|--|---|
| Child's GP - Surgery address - | Health Visitor - Address - |
|  Tel no: |  Tel no: |

Has your child had any serious illnesses? YES/NO (If yes, please give details)

Has your child ever been hospitalised? YES/NO (If yes, please give details)

Has your child had surgery? YES/NO (If yes, please give details)

Does your child have any medical needs / conditions? YES/NO (If yes, please give details)

Does your child have any known allergies? YES/NO (If yes, please give details)

Is there anything else you feel we should need to know about your child? (Such as, their behaviour/eating habits)

| Age | Immunisations | Date received | Any problems related to this immunisation? |
|-------------------------------------|---|---------------|--|
| 2 months | Diphtheria, tetanus, whooping cough, polio and Hib type b (Known as DTaP/IPV/Hib, given as a 5-in-1 single jab) | | |
| | Pneumococcal infection | | |
| 3 months | 5-in-1, second dose (DTaP/IPV/Hib) | | |
| | Meningitis C | | |
| 4 months | 5-in-1, third dose (DTaP/IPV/Hib) | | |
| | Pneumococcal infection, second dose | | |
| | Meningitis C, second dose | | |
| Around 12 months | Meningitis C, third dose | | |
| | Hib, fourth dose (Hib/MenC given as a single jab) | | |
| Around 13 months | MMR (measles, mumps and rubella), given as a single jab | | |
| | Pneumococcal infection, third dose | | |
| 3 years and 4 months, or soon after | MMR second jab | | |
| | Diphtheria, tetanus, pertussis and polio (DtaP/IPV), given as a 4-in 1 pre-school booster | | |

| Has your child had any contact with any of the following people? | | |
|--|------|------------------|
| Contact | Name | Telephone number |
| Educational psychologist | | |
| Family Worker | | |
| Hearing impairment service | | |
| Hospital consultant | | |
| Occupational therapist | | |
| Paediatrician | | |
| Physiotherapist | | |
| Portage worker | | |
| Social worker | | |
| Specialist nurse (eg Asthma, Diabetes) | | |
| Speech therapist | | |
| Visual support service | | |
| Other | | |

| Does your child have a disability or learning difficulty? (Please give details to enable us to meet your child's individual needs) | | | |
|--|--|---------------------------------|--|
| No special educational need | | Early action/School Action Plus | |
| Early Action/School Action | | Statement | |

Please indicate how you travel to Nursery:

| | | | | | | | | | | |
|-----|--|-------|--|-----|--|---------|--|------|--|-------|
| Car | | Train | | Bus | | Bicycle | | Walk | | Other |
|-----|--|-------|--|-----|--|---------|--|------|--|-------|

Please indicate your child's ethnicity:

| White | Mixed | Asian or Asian British | Black or Black British | Chinese | Any other ethnic background |
|-----------------------------|----------------------------|----------------------------|-----------------------------|---------|-----------------------------|
| British | White and Black Caribbean | Indian | Caribbean | | |
| Irish | White and Black African | Pakistani | African | | |
| Traveller of Irish Heritage | White and Asian | Bangladeshi | Any other black back ground | | |
| Gypsy/Roma | Any other mixed background | Any other Asian background | | | |
| Any other white background | | | | | |

I HAVE BEEN INFORMED THAT THE POLICIES AND PROCEDURES IN PLACE AT PORTOBELLO DAY CARE NURSERY IS ACCESSIBLE TO ME AS COPIES ARE AVAILABLE.

I AM AWARE THAT NURSERY STAFF HAVE A LEGAL DUTY TO SAFEGUARD CHILDREN AND PROMOTE THEIR WELFARE BY PROTECTING THEM FROM HARM OR POTENTIAL RISK OF HARM; THEREFORE STAFF MAY BE REQUIRED TO KEEP WRITTEN RECORDS REGARDING MY CHILD OR REPORT THEIR CONCERNS TO SOCIAL CARE.

THE TERM 'SAFEGUARDING' IS DEFINED IN THE WORKING TOGETHER TO SAFEGUARD CHILDREN 2010 GOVERNMENT DOCUMENT AS:

'The process protecting children from maltreatment by preventing impairment of children's health of development by ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and undertaking that role so as to enable children to have optimum life chances and to enter adulthood successfully.'

Parent/Guardians Signature _____

Please print name _____ Date _____

FOR OFFICE USE ONLY -

| | |
|---|-----------------------------|
| Please tick to indicate sight of child's birth certificate <input type="checkbox"/> | Seen by - _____ |
| Date form received _____ | By _____ |
| Session Preferred - AM <input type="checkbox"/> | PM <input type="checkbox"/> |

ADDITIONAL INFORMATION

| |
|--|
| |
|--|