

This form has two sides and must be completed by someone with parental permission

Pepper-Pot Nursery, Pre-School & After School Club

(Confidential to the Pepper-Pot)

Please complete this form and return it with the registration fee (£35) and your months fees in advance, along with a copy of your child's birth certificate.

Your child's full name _____

Name your child is known as _____ Date of Birth _____

(If you put a known as name this is what we will call your child and use on peg etc.)

Parent/Carer1

Name _____ Occupation _____

Address _____

Post code _____ Home Tel No:- _____

Work Tel No:- _____ Mobile _____

Email _____ Relationship to child _____

NI or NASS Number _____ D.O.B _____

Parent/Carer2

Name _____ Occupation _____

Address _____

Post code _____ Home Tel No:- _____

Work Tel No:- _____ Mobile _____

Email _____ Relationship to child _____

NI or NASS Number _____ D.O.B _____

Which of these parents/ carers does your child normally live with? (please circle):

Both **Parent/carer 1** **Parent/ carer 2**

Which of these parent/ carer has parental responsibility? (please circle):

Both **Parent/ carer 1** **Parent/ carer 2**

Has any other person parental responsibility for your child? If so please give details

Name and dates of birth of siblings _____

Please give details of other adults who are permitted to collect your child in an emergency (must be over 16 years of age)

Adult 1 who can collect in an emergency

Name _____ Relationship to child _____

Address _____

Post code _____ Contact Tel No:- _____

Adult 2 who can collect in an emergency

Name _____ Relationship to child _____

Address _____

Post code _____ Contact Tel No:- _____

If you need any help completing this form please make contact

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Dates and details of immunisations and vaccinations received to date

Medical information/ special needs (e.g. serious illnesses, hospitalisation, health requirements)

Is your child vegan Yes/ No

Is your child Vegetarian Yes/ No

Your child's special dietary requirements, preferences or food allergies

Name and number of Doctor

Name and number of Health visitor

Is your child receiving any medication or treatment? Please give details:

Ethnic origin Religion

Main language/s spoken at home

Any other information

Festival celebrated at home

I would like my child to attend on the following sessions

Monday School to collect from

Tuesday Time to collect

Wednesday

Thursday Password

Friday 2 Year Old Funded Number E _ _ _ _ _

Start date

Consent Information

Please sign to give consent for the following	Signatures:
Outings to go out the building with up to a 1:3 staff ratio	
May have products that contain traces of nuts	
Share information with other professionals	
Photography, including cam cording	
Holding personal information (paper and computer)	
CALPOL will only be given if I cannot be contacted and the nursery Management considers that it is safe and my child's temperature is above 39°	
EMERGENCY PROCEDURE I understand if I cannot be contacted then the nursery will act on my behalf in an emergency	
Use of the nursery provided Sun Cream	
I allow my child to have Face paints applied	

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