



Nursery / Pre-School Registration Form

Please complete and return the entire pack to the nursery / pre-school prior to your settling in visit.

1. Child's Details

Child's name (if not yet born use surname): _____	Gender: _____
Preferred name (if different from above): _____	Date of Birth (if not yet born use due date): _____
Resident/Home address: _____ _____ _____	Home phone number: _____
Second address – Is there another address where the child may live from time to time?	
Address: _____ _____ _____	Phone number: _____
Name of the person/s who lives there: _____	Relationship to child: _____
Child's place of birth: _____	
Nationality: _____	
Religion: _____	
First language: _____	
Other languages used at home: _____	

2. Parent / Carer Details

Please complete the details below for at least one person who has legal parental responsibility for the child. These parents/carers will be the first contacts in an emergency, therefore please ensure you provide all possible contact numbers and update the nursery/pre-school immediately with any changes.

1st Person with Parental Responsibility (Main point of contact the child normally lives with)

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: _____

Name: _____

Relationship to child: _____

Mobile number: _____

Email address: _____

Place of work: _____

Work phone number: _____

First language: _____

Country of origin: _____

2nd Person with Parental Responsibility

Title: *(Please circle accordingly)* Mr / Mrs / Miss / Ms / Dr / other: _____

Name: _____

Relationship to child: _____

Mobile number: _____

Email address: _____

Address if different to above: _____

Place of work: _____

Work phone number: _____

First language: _____

Country of origin: _____

3. Other Emergency contacts

Please use this space to tell us about any individual to whom you have given permission to collect your child in an emergency. We will use the contacts below as the 3rd and 4th people to contact in an emergency.

3rd Emergency contact	
Title: <i>(Please circle accordingly)</i> Mr / Mrs / Miss / Ms / Dr / other: _____	
Name: _____	
Relationship to child: _____	
Mobile number: _____	
Place of work: _____	
Work phone number: _____	
First language: _____	
Collection password _____ (This can be any word which will allow us to identify them and permit collection of your child)	
4th Emergency contact	
Title: <i>(Please circle accordingly)</i> Mr / Mrs / Miss / Ms / Dr / other: _____	
Name: _____	
Relationship to child: _____	
Mobile number: _____	
Address if different to above: _____ _____	
Place of work: _____	
Work phone number: _____	
First language: _____	
Collection password _____ (This can be any word which will allow us to identify them and permit collection of your child)	



4. Other Family Information

Please provide details of other siblings, family members or other adults living at home:

Siblings:

Name	DOB	School Attending (If Relevant)
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Other Adults:

Name	Relationship to Child	
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Persons who are strictly not permitted to collect your child:

This section is for you to tell us about anyone you are aware of that may try to illegitimately collect your child, eg. where a restraining order is in place. We will only release your child to someone when you have given us specific authority to do so, this is to enable us to have a heightened state of concern should they visit.

Full Name _____

Relationship to the child _____

Reason _____

Full Name _____

Relationship to the child _____

Reason _____

5. Previous or Other Childcare arrangements

Previous Registered Childcare Settings

If you have moved or changed childcare providers it may be necessary for us to contact the previous provider.

Name: _____ Ofsted Registration number if known: _____

Named contact person: _____

Address: _____ Telephone number: _____

Other settings

Some children may attend one or more other registered childcare settings including child minders. Good practice encourages providers to share information about the child's development.

Other Registered Settings

Name: _____ Ofsted Registration number if known: _____

Named contact person: _____

Address: _____ Telephone number: _____

I do / do not (*delete as applicable*) consent to sharing your child's learning journey, assessment reports with this organisation.

Informal Arrangements

Do you have any regular informal childcare arrangements such as grandparents, neighbours, friends or extended families?

Please describe: _____

Parents/Carers Signature _____

Date: _____

6. Medical Information

Please keep us informed of any updates and changes to this information.

Immunisations			
Has your child been fully immunised against the following? (Please delete as applicable)			
Polio	Yes / No	Whooping cough	Yes / No
MMR	Yes / No	HIB	Yes / No
Tetanus	Yes / No	Diphtheria	Yes / No
Meningitis C	Yes / No	Pneumococcal Infection (PCV)	Yes / No
Is your child on regular medication? Yes / No			
If yes, please give details: _____			
Parents are required to label all medicine and complete and sign a Medication form. Only prescribed medicine will be administered to children attending the nursery/pre-school.			
Does your child have any allergies? Yes / No			
If yes, please give details: _____			
Is your child permitted to wear plasters?		Can we use face paints on your child?	
Yes / No		Yes / No	
Are there any foods or drinks that your child can not have on medical or religious grounds?			
If yes, please give details: _____			
Is there anything else we should know about your child? (eg hearing, vision, speech) Yes / No			
If yes, please give details:			
General Practitioner/Doctor		Health Visitor	
Doctor name:		Name or team name:	
Practice name:		Address:	
Practice address:		Telephone number:	
Telephone number:			
I have / haven't attached further information (please delete as appropriate)			
I consent to any emergency medical treatment necessary while my child (Full name) _____ is under the care of YMCA Fairthorne Group. I authorise nursery / pre-school staff to sign any written form of consent required by the hospital authorities if the delay in getting the signature of a parent/guardian is considered by the doctor to endanger my child's health and safety.			
All information will be treated as confidential			
Parent's/Guardian's signatures: _____ Date _____			
Please print name: _____			

7. Consents and permissions

Please provide us with details of your consents for the following activities.

Activity Consents:

Activity	YES / NO (please circle)
• My child receiving emergency medical treatment whilst within our care.	YES / NO
• The application of sun cream to my child.	YES / NO
• My child using face paints	YES / NO
• My child taking part in activities involving nursery pets and organised visits from animals	YES / NO
• My child taking part in activities which take place outside the nursery (e.g. a supervised walk)	YES / NO
• My child taking part in water activities, where available	YES / NO
• My child using tools, including power tools (at age 3 years and over)	YES / NO

Parents and carers will be notified when these activities occur.

Photo and video Consents:

I consent to photographs and videos of my child being taken for:

Activity	YES / NO (please circle)
• Use in my child's own nursery observations	YES / NO
• Use in other children's nursery observations when my child is taking part in a group activity	YES / NO
• Use in wider YMCA marketing activity (for example, website, social media, literature)	YES / NO

Communication Consents

I consent to receiving the following types of communication.

Activity	YES / NO (please circle)
• Receiving specific updates about the progress of my child at nursery	YES / NO
• Receiving generic nursery communications (e.g. home learning activities, nursery updates)	YES / NO
• Receiving communications about other YMCA activities and organisational updates	YES / NO

Where consent is given, please confirm the contact details to be used:

Parent Name: _____

Email address: _____

Mobile number: _____

Signature: _____ Date: _____



8. Contact with Children and Families/Social Services (If applicable)

Please provide details of any contact or support plan with social services, where applicable

Social Workers name:

Telephone number:

Address:

Are there any other agencies or support workers involved in your child's care? If yes, please give us more information below



9. Nursery Payment Details

Please provide details of how you will be paying your nursery invoice each month.

Child's name (if not yet born use surname):	Date Of Birth (if not yet born use est. due date)
Full name of the person responsible for payment: _____	
Email address of payee to send invoices: _____	
Signature of payee: _____	Date: _____

Funding Information

Do you qualify for 2 Year Funding:	YES / NO
If so, please enter your eligibility code:	_____
Do you qualify for 30 hour funding:	YES / NO
If so, please enter your eligibility code:	_____
Name of Parent 1:	_____
Date of Birth for Parent 1:	_____
NI number for parent 1:	_____
Name of Parent 2:	_____
Date of Birth for Parent 2:	_____
NI number for parent 2:	_____

I confirm that I give permission for the information above to be used to check my child's eligibility for government funding.

Signed: _____ **Date** _____

Print name: _____



10. Payment by Childcare Vouchers

Please detail whether you will be using childcare vouchers to pay your nursery fees.

Name(s) of child(ren) _____

Parent/Carer name _____

I confirm that I wish to pay: *(please tick appropriate box)*

My full fees by childcare voucher, every month until further notice.

£ _____ by childcare voucher every month until further notice.

If at any point you wish to change the above please complete a new form and return it to the office by the 15th of the month.

I confirm that I have seen, and agree to abide by the 'Childcare Vouchers' section of the Terms and Conditions.

Signed _____

Date _____

Print name _____

11. Payment by Tax Free Childcare (TFC)

Please detail whether you will be using tax free childcare to pay your nursery fees.

Name(s) of child(ren): _____

Parent/Carer name: _____

TFC Code _____

I confirm that I wish to pay: *(please tick appropriate box)*

My full fees by TFC every month until further notice.

£ _____ by TFC every month until further notice.

If at any point you wish to change the above please complete a new form and return it to the office by the 15th of the month.

I confirm that I have seen, and agree to abide by the 'TFC' section of the Terms and Conditions.

Signed: _____

Date _____

Print name: _____



12. Nursery Sessions required

Please indicate the precise nursery sessions you would like to book

Child's Name:	_____
Start Date / Change Date	_____
Child's Date of birth:	_____
Funding Form Attached	Yes / No / Not Applicable
Type of place: <i>(please circle accordingly)</i>	Term time only / All Year Round

Please tick the required sessions on each day:

	Time	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club	7.30am – 8.00am					
Full day care	8.00am – 6.00pm					
Morning session	8.00am- 1.00pm					
Afternoon session	1.00pm – 6.00pm					
Part day	8.30am – 3.30pm					
Additional hours	Add specific times					
Hot lunch (if using funded session)						
Afternoon tea (if using funded session)						



For Nursery Use Only

Converted	
Bill Payer Added	
Sessions Confirmed by Nursery	
Funding Form Completed	
Payment Details rec	



Direct Debit Form (Please ensure you print this page on a separate piece of paper)



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

YMCA Fairthorne Group
Bugle House
53 Bugle Street
Southampton
Hampshire
SO14 2LF

Service user number

4 1 6 8 9 0

Name(s) of account holder(s)

[Empty box for account holder name]

Reference

[Empty box for reference]

Bank/building society account number

[Empty box for account number]

Instruction to your bank or building society

Please pay YMCA Fairthorne Group Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with YMCA Fairthorne Group and, if so, details will be passed electronically to my bank/building society.

Branch sort code

[Empty box for branch sort code]

Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

Signature(s)

[Empty box for signature]

Date

[Empty box for date]

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
If there are any changes to the amount, date or frequency of your Direct Debit YMCA Fairthorne Group will notify you 5 working days in advance of your account being debited or as otherwise agreed.
If an error is made in the payment of your Direct Debit, by YMCA Fairthorne Group or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
You can cancel a Direct Debit at any time by simply contacting your bank or building society.