



OLLIE'S REGISTRATION FORM - Please Use Block Capitals

Any change of ANY of these details must be made with the settings Manager or Administrator as soon as possible.

1. Child Information

Full Name of Child (on birth certificate)		Birth Certificate seen by:
Known As		
Date of Birth		Gender:
Ethnicity		
First Language (spoken at home)		
School Attended & Class		
Other settings attended and name of teacher/ keyworker		
Home Address Inclusive of Postcode		
Home Telephone Number		
Child lives with:		
Email Address: (for newsletters, updates, information about your child & payments)		

2. Family Information (all fields to be completed) - All authorised to collect your child Contact 1:

Name of parent/ Carer: _____ Relationship to child: _____

Daytime/ work telephone number: _____ Mobile: _____

Home telephone: _____ Email: _____

Home Address: _____

Work Address: _____

Does this person have parental responsibility for this child Yes/ No (please circle)

Does this person have Legal access to the child? Yes / No (please circle)

Consent to hold this information by Ollie's - Signature: _____

Contact 2:

Name of parent/ Carer: _____ Relationship to child: _____

Daytime/ work telephone number: _____ Mobile: _____

Home telephone: _____ Email: _____

Home Address: _____

Work Address: _____

Does this person have parental responsibility for this child Yes/ No (please circle)

Does this person have Legal access to the child? Yes / No (please circle)

Consent to hold this information by Ollie's - Signature: - _____

Contact 3:

Name of parent/ Carer: _____ Relationship to child: _____

Daytime/ work telephone number: _____ Mobile: _____

Home telephone: _____ Email: _____

Home Address: _____

Work Address: _____

Does this person have parental responsibility for this child Yes/ No (please circle)

Does this person have Legal access to the child? Yes / No (please circle)

Consent to hold this information by Ollie's signature: - _____

Other persons with legal contact:

Name : _____ Relationship to child: _____
 Daytime/work telephone number: _____ Mobile: _____
 Home telephone: _____ Email: _____
 Home Address: _____
 Work Address: _____

Please give details of contact arrangements that the setting needs to be aware of:

Consent to hold this information by Ollie's signature: _____

Emergency Contacts (if parents are not available) - must be local: Authorised to collect your child.

1) Name: _____ Relationship to child: _____
 Daytime/ work telephone number: _____ Mobile: _____
 Home telephone: _____
 Home Address: _____

Consent to hold this information by Ollie's signature: - _____

2) Name: _____ Relationship to child: _____
 Daytime/work telephone number: _____ Mobile: _____
 Home telephone: _____
 Home Address: _____

Consent to hold this information by Ollie's signature: - _____

	First Carer	Second Carer
Ethnicity		
Religion		
First Language		
Disability		
Is First Carer Lone Parent?		
Additional Information		

3. Medical Information

Doctors Name	Doctors Address	Health Visitor Name	Medical Specialists involved

Details of other professionals or agencies involved with your child: (Name, role, agency, telephone and address)

Has the Manager seen the child's red book? Yes/ No, (if no, please provide this as evidence)

✓	Has child been vaccinated for	Has child had any of the following childhood diseases	✓
	Diphtheria	Chicken Pox	
	Hepatitis B	Measles	
	MMR	Mumps	
	Partial MMR - give details below	Other Infectious Illness - give details below	
	Poliomyelitis		
	Tetanus		
	Whooping Cough		

4. Allergies

Does child have any allergy or sensitivity	What happens to child	Medication Needed *Fill out medicine permission sheet	What do we need to do

5. Consent (Please delete as applicable and sign below)

Permission for us to seek emergency medical treatment

In an emergency where urgent medical attention is needed and the nursery cannot contact me I agree/disagree to my child having such medical, surgical or dental treatment as may be considered necessary by any registered medical practitioner whose advice may be sought. This includes contacting an ambulance and my child being taken to hospital if necessary.

I allow/disallow Ollie's nursery staff to share information containing my child's learning and development with another setting that my child attends.

Safeguarding

I understand that Ollie's have a duty to protect children and will pass on any concerns to the appropriate agency, as the safety and welfare of all the children will be their paramount consideration at all times.

Local Outings

I am/ am not willing for Ollie's staff to take my child out on brief local outings around the local village area. I understand that permission will be sought for major outings

Sun Safety

I allow / disallow Ollie's Nursery staff to apply sun cream, sent from home, to our child if deemed necessary.

Face-paint/ Nail varnish

I allow / disallow Ollie's Nursery staff to apply face paint and nail varnish to my child

I have read and understood all of Ollie's policies (available online or in the folder in the entrance hall)

Signature:

Date:

6. Additional Needs

Diagnosed Special Needs	Category of Need	Specialist Support	Contact Person
Early years/school action:	Early years/school action plus:	Statement of special Needs:	Resourced Provision :

7. Cultural and Religious Needs

What is the main religion in your family: _____

Do you celebrate any festivals or occasions that you wish to be acknowledged and celebrated whilst he/ she is with us at Ollie's:

7. Dietary Needs

Preferences Halal Vegetarian _____	Intolerances
Dislikes	Forbidden by culture or religion

8. Developmental Needs

✓ Toileting (tick)			
In nappies	In pull ups	Needs reminding	Uses toilet independently
✓ Speech (tick)			
Speaks no English	Speaks little English	Speaks only English	Language used at home

9. Funding

Child in receipt of 3 and 4 year old funding NEG (term after 3 rd birthday - term time only)	✓
30 Hour Funding	
2 Year old Funding	
<i>Parents access</i>	
Care to learn	
Child tax credits	
Learning skills council/higher education childcare access support	
Working tax credit	
Employer Vouchers - agency	
Sponsored by social care	
European funding	
Government funding	
2 year project funding	
<i>Discount applied</i>	
Sibling discount	
Full time discount	
Staff	

10. Any other information

Comment on your views of your child's language and development, comforts, sleeps or any additional info:

11. **Declaration** I, parent or carer completing this form, believe that to the best of my knowledge all the information I have provided is correct.

Name:

Signature:

Date: