REGISTRATION FORM

Child's Name……..	Home Address……..
Date of Birth……	……
Male ☐ Female ☐	Postcode……..
	Home Tel……
	Mobile……
Please identify parent / carer with parental Responsibility	Emergency Contact Authorisation
1……	1……...
2……	Relationship to child……
	2……
	Relationship to child……
	Contact Number……
Name and address of child's doctor (optional)	Name and address of GP …….....
……..	
……..	
……..	
……..	
Tel Number……...	Tel Number……..
Parent/Carer 1……	Parent/ Carer 2……
Name……..	Name……...
Contact Number…….	Contact Number…….
Relationship to child……..	Relationship to child……...
Email……	Email……..

Is your child on: ☐ ☐ ☐

Parent/ Carer Name & Signature…… Date……

REGISTRATION FORM

Child Protection Plan Child in Need Early Help

Please give details of any other professional/person working with your family, e.g. physio etc.

Parent/ Carer Name & Signature……. Date……

REGISTRATION FORM

Dietary Requirements

Does your child have any specific dietary needs due to religion or culture?.....

Please list all allergies / health problems / medication / hospital treatment / that we need to be know……

…….……

…….

Immunisations received

Diphtheria	☐	HIB	☐	Meningitis C	☐	MMR	☐
Polio	☐	Tetanus	☐	Whooping Cough	☐		

Ethnicity (please tick one)

White – British	☐	Asian / British – Pakistani	☐
White – Irish	☐	Asian / British – Bangladeshi	☐
White – Other Background	☐	Asian / British – Other Background	☐
Mixed – White / Black Caribbean	☐	Black / British – Caribbean	☐
Mixed – White / Black African	☐	Black / British – African	☐
Mixed – White / Asian	☐	Black / British – Other	☐
Mixed – Other Background	☐	Chinese	☐
Asian / British – Indian	☐		
Other Ethnic Group (please specify)	☐	Prefer not to say	☐

Family Characteristics (please tick any that apply)

Lone Parent Family ☐ Parent in education, training or adult learning ☐

Parent working more than 16 hours per week ☐

Home Language…… Religion……

Does your child have any disabilities? (please tick)

Autistic Spectrum Disorder	☐	Hearing Impairment	☐
Behavioural Based Disorder	☐	Learning Disability	☐

Parent/ Carer Name & Signature…… Date……

REGISTRATION FORM

Communication Impaired	☐	Mental Ill Health lasting more than 12 months	☐
Complex Sensory Impairment	☐	None	☐
Complex Needs Including Invasive Care	☐	Physical Impairment	☐
Complex Needs Excluding Evasive Care	☐	Sight Impairment	☐

Parent/ Carer Name & Signature……. Date……

REGISTRATION FORM

Parent / Childminder Agreement

Attendance Schedule **Start date: ……**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Day					

Please circle your child's requirements as applicable below.

(Free Place) **(Free place + additional hours)** **(Part-time)** **(Full time)**

FEES: The current fees for this place will be £.....per week.

(£ .....per month). Payment is required in advance to your child attending the Nursery. Nursery fees are reviewed annually.

1st Payment due:.....

Terms and conditions

Deposit

A deposit will be required to secure your child's place, which is refunded upon receipt of your final months' payment.

This is refunded with four weeks' notice in writing but the first four weeks not inclusive.

Payment of Fees

Payments must be made on the first day of each week that your child attends. Payment is in advance and receipts will be issued. Non payment of fees will result in your placement being withdrawn.

Absences/ sickness

All absences and sickness must be notified to the childminder and will require payment.

Holidays

Our Childminding services is open 51 weeks a year. It will be closed on statutory bank holidays and 1 (one) week at Christmas. However, all holidays (including family holidays) will be paid for in full.

Notice of Termination

4 weeks written notice is required to terminate a place. If no notice is given to terminate a place, 4 weeks charges will be incurred.

Collection of Children

Staff will not allow your child to leave with anyone not nominated by you beforehand.

Parent/ Carer Name & Signature…… Date……

REGISTRATION FORM

Illness

Your child will not be able to attend the setting if they are ill or have any type of infection that can be passed on to others through normal activities. If your child is taken ill whilst at the setting, staff will contact you. In the event of the parent / carer being unavailable, staff will contact the nominated emergency contacts. The childminder reserves the right for staff to contact your child's doctor to take him/her to the hospital if necessary.

Administration of Medication

A child must have been taking a prescribed medicine for a full 24 hours before bringing the medicine to the setting. Medication must be clearly labelled with the child's name, dosage and any instructions. The medication form must be completed on arrival at the setting, giving parent's / carer's permission for a member of staff to administer the medicine. Parents / carers will be required to sign at the end of the day to confirm times medication was administered.

Nappies and Wipes

Parents / carers must provide their own nappies and wipes for their child. If requested by the parent / carer, nappy cream will be administered by staff. Nappy cream must be provided by parents / carers and be clearly labelled with the child's name. The medication book must be completed, giving parents / carers permission for a member of staff to administer the nappy cream.

Childminding Events

I agree to be sent information about our Childminding events and services.

I have received, read and understood the information for parents / carers and agree to abide by these terms.

Parent / Carer signature…….....

Management signature……...

Date……

Privacy Notice Acknowledgement: Privacy Notice - Data Protection Act 1998

We at Cherie Childminding Services are a data controller for the purposes of the Data Protection Act. We collect information from you and may receive information about you. Please confirm below we have shared the Privacy Notice with you:

Parent / Carer signature/ Date:…….....

Management signature Date:…….

Parent/ Carer Name & Signature……. Date……

REGISTRATION FORM

Parent / Carer Consent

Below is a table with various activities within daycare. Please read and tick the relevant box if you agree to give your consent.

Consent	Yes/No	Initials
Do you give consent for your child to receive medication providing you give information about the medicine, dosage; times to be taken and sign the setting's medication form on the day medication are required?		
Do you allow your child to take part in outings by transport (Bus/Taxi/Coach) or on foot accompanied and supervised by setting staff. (planned /unplanned) i.e. local park/shops/library etc., (trips to theme parks etc would be advised to you by a separate letter and consent slip)?		
Do you allow photographs of your child to be displayed and viewed by other parents / carers / visitors within the centre?		
Do you allow camcorder videos to be taken of your child together with other children for the benefit of parents viewing their progress and interaction with other children?		
Do you allow your child to participate in having their face 'painted' on the occasional 'Fun Days' at the setting?		
Do you allow your child to have emergency treatment onsite or offsite (every effort will be made to contact the Parent/Guardian)?		
Do you allow your child to have FIRST AID treatment administered by a senior member of staff?		
Do you allow your child to use garden toys?		
Do you give permission for the setting staff to use medicated wipes and plasters if necessary?		
Do you allow photos of your child to be used in our prospectus and on our website?		
Do you understand and accept that your child must wear / bring sensible / suitable footwear when in setting?		
I agree / do not agree to my child's photograph being used in another child's Learning Journey.		
I give consent for students to carry out and record observations on my child for the purpose of study.		
Do you give permission/ consent for your child (10+) to walk to school from Cherie Childminding setting?		
Do you give permission/ consent for your child (10+) to walk back from school to Cherie Childminding setting?.		

Parent/ Carer Name & Signature…… Date……

REGISTRATION FORM

All information provided is covered by the Data Protection Act 1998 and is strictly confidential.

Cherie Childminding – Policies and Procedures

Cherie Childminding has a comprehensive list of Policies and Procedures. They are available at all times in the setting for parents to access and read at any time they wish to do so. Please sign below to confirm that we have informed you of this.

Parent / Carer signature……..... Date……...……

Name of Child (block capitals)……..

Parent/ Carer Name & Signature……. Date……