



Child Registration Form



Personal details

Name of child		
Date of birth		
Home address		
Postcode		
Position in family		
Hair colour		Eye colour
Gender		
Religion		
Ethnic origin		
Nationality		
Language(s) spoken at home		
Intended medium of education, e.g. English, Welsh		
Details of any disabilities/special needs		
How did you hear about Deryn Bach?		
Preferred start date		

About your family

Parent/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel numbers	
Mobile	

Home email	
Work address	
Postcode	
Work tel numbers	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Parent/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel numbers	
Mobile	
Home email	
Work address	
Postcode	
Work tel numbers	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Other contacts

Contact one	
Title	
First name	
Surname	

Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)		Collect child from nursery <input type="checkbox"/>	Contact in emergency <input type="checkbox"/>
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)		Collect child from nursery <input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

Medical details

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations? Please tick and date	Immunisation	Date of immunisation
	Diphtheria	
	HIB	

	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Health visitor details		
Name		
Address		
Postcode		
Telephone number		
Other agency details		
Name		
Address		
Postcode		
Telephone number		
Any other details that we should know about?		

Sessions

Please indicate your preferred sessions:

Session	Mon	Tues	Wed	Thurs	Fri
Full day 8.30-17.30					
Morning only 8.30-13.00					
Afternoon only 13.00-17.30					
09:00-15:00					
11:45am – 17:30pm (Term Time Only)					
After School Club 15.30 – 17.30 (Term Time Only)					

Holiday Club

Deposit Details

In order to secure your child’s place a deposit of **£100** per child is requested. Please pay this deposit via bank transfer upon submitting the Child Registration Form (**Not applicable for After School Club/Holiday Club Registration**).

Bank Details: Meithrinfa Deryn Bach
20-35-47
33739376

Office use only

Deposit received? Yes/No

Date received.....

Signed.....Date.....

Agreement

I agree to abide by the terms and conditions and policies and procedures of Deryn Bach which I have read and fully understand.

Signed..... Date

Print name.....

Relationship to child

Signed.....Date.....

Print name.....

Relationship to child

Communication Plan

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Tapestry

Email

Telephone

The preferred method is _____

Office use only

Input into nursery administration system (tick when complete) on (date)

Input by

Position

Actual start date

Room

Key person

Permission slips received

Nursery trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

Sun cream agree/disagree

Sleep agree/disagree

Dance agree/disagree