

# Registration Form



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|--|--|
| Child's Full Name  |  |
| Preferred or Familiar Name   |  |
| Date of Birth  |  |
| Gender   | Male/ Female*<br>*delete as appropriate                                    |
| Ethnic Origin  |  |
| Home Language  |  |
| Any other spoken language  |  |
| Religion   |  |
| <b>Please tick if appropriate to your child:</b>                       |  |
| SEN Statement/ Educational Health & Care Plan <input type="checkbox"/> | Disability Living Allowance <input type="checkbox"/>                       |
| Looked After Child <input type="checkbox"/>                            | Special Guardianship, Adoption or Residence Order <input type="checkbox"/> |
| Home Address   |  |
| Home Telephone Number  |  |

| <b>Parent/carer details:</b>                                |   |
|---|---|
| Name:   | Name:   |
| NI Number:  | NI Number:  |
| Asylum Seeker Reference Number:                             | Asylum Seeker Reference Number:                             |
| Home Address:   | Home Address  |
| Home Telephone Number:                                      | Home Telephone Number:                                      |
| Mobile Number:  | Mobile Number:  |
| Work Number:  | Work Number:  |
| Email Address:  | Email Address:  |
| Do you have parental responsibility for this child? Yes/ No | Do you have parental responsibility for this child? Yes/ No |

**Medical Information:**

Doctors name, address and telephone number

Health Visitors Name and telephone number

Is your child registered with a dentist? Yes/ no\* \*delete as appropriate

Dentists Name, address and telephone number

Does your child have any special health requirements?  
If so please give details...

Are there any other professionals involved in your child's learning and development? (e.g. family worker, Speech and language therapists etc...)  
If so please give details...

Does your child have any known allergies?  
If so please give details

Does your child have any special dietary requirements including food allergies?  
If so please give details

Are there any foods you do not want your child to have?  
Yes/ No  
If so please give details

Record of all immunisations  
Please give up to date details

### Other Contacts

These can include the contacts information of people to contact in an emergency e.g. illness, school and day care closure as well as the people who can collect your child from the setting...

|                              | 1 | 2 | 3 |
|------------------------------|---|---|---|
| <b>Name</b>                  |   |   |   |
| <b>Relationship to child</b> |   |   |   |
| <b>Address</b>               |   |   |   |
| <b>Telephone Number</b>      |   |   |   |
| <b>Mobile Number</b>         |   |   |   |

Details of any other settings or childcare attended...

Any other details or information it may be useful for us to know?  
e.g. what your child likes, what their fears maybe, any special words they use, what comforters they may need and when

## Childcare Requirements

|                                       | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------------|--------|---------|-----------|----------|--------|
| Am session<br>9am- 12pm               |        |         |           |          |        |
| Pm session<br>12pm- 3pm               |        |         |           |          |        |
| Full day<br>care<br>9am- 3pm          |        |         |           |          |        |
| Breakfast<br>Club<br>7.30am-<br>9am   |        |         |           |          |        |
| Wrap<br>Around<br>Care 3pm-<br>5.30pm |        |         |           |          |        |

### IMPORTANT

We ask that you keep us informed of any changes of your details. Periodically we may ask you to confirm your details for our records.

Please sign to indicate you have read and understood the attached summary of the policies and procedures of Dawn till Dusk Childcare, and agree to abide by them at all times.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

A full set of our policies and procedures are available for your perusal at any time, please ask a member of staff.

The return of this form:

- Gains a place on the waiting list and does not automatically guarantee or reserve a place
- Does not oblige the applicant to accept a place

Confirmation of a place will be given in writing as soon as possible. One month's notice of cancellation is required once the place has been offered and taken up.

Parent/ Carers Signature \_\_\_\_\_

Date: \_\_\_\_\_



## Consent Form

Please put a mark through any statement you don't agree with.

- I agree for my child's full name and date of birth to be recorded on the daily register.
- I agree for my child's first name to be displayed around the setting.
- I agree for my child's photo to be displayed around the setting.
- I agree for photographs to be used within my child's learning journal.
- I agree for photographs of my child to be used in another child's learning journal.
- I agree for my child's first name to appear in another child's learning journal.
- I agree for my child's photo to appear on the DTD website and on printed advertisement.
- I agree for my child's first name to appear in Newspaper articles.
- I am happy for Dawn till Dusk Childcare to hold information regarding my family's race, ethnic origin and religious or philosophical beliefs.
- I am happy for Dawn till Dusk Childcare to share relevant information with Health Visitors, other Childcare settings, Doctors and Emergency Services as well as other agencies such as Speech and Language Therapists.
- I allow my child to go on outings and visits within the village of Middleton-in-Teesdale; this could be the shops, or the play park; to be accompanied by a member of the Dawn till Dusk team within ratio.
- I agree to pay all fee's on time of the date on the invoice
- I will give one month's notice in writing to terminate this contract.

**Parent/Carer name:**

**Parent/Carer signature:**

Date:



### Medical Treatment Form

If your child becomes ill while attending sessions ran by Dawn till Dusk Childcare, you will be contacted immediately. Your child must be collected by yourself, or an appropriate adult.

All injuries are treated by a qualified first aider.

In the event of a serious accident the following will apply:

- The parent/ carer is contacted immediately
- The surgery in Middleton- in- Teesdale is notified
- If necessary, a member of staff will take the child to the surgery.

Serious injuries/ accidents will be dealt with professionally and calmly; a member of staff ringing 999 if needed.

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I \_\_\_\_\_ parent/ carer of  
\_\_\_\_\_ agree to the above medical  
procedures and treatment given when necessary.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

I \_\_\_\_\_ parent/ carer of  
\_\_\_\_\_ do not agree to the above  
declaration, and would prefer the following procedure to be followed  
in the event of an emergency.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Tapestry Permission



We are so excited to be telling you about the changes we are making at nursery, the first being we are now making our learning journals online using a wonderful app called 'Tapestry'.

We need to collect email addresses so that your child will have their own unique log in. More details will follow!

Due to the Data Protection Act, we would like to request your signed permission for your child to appear on Tapestry.

By signing the permission slip below you agree for:

- ❖ Your child to appear in other children's observations
- ❖ Your child to appear in group observations
- ❖ Your child to appear in the background of other children's observations

Please note that all parents and carers with a Tapestry log-in, of the children that appear in the photograph, can see the photos and observations.

These photos cannot be downloaded or screenshot by anyone other than the Dawn till Dusk staff to ensure the safety of your children.

Thank you for your continued support.

DTD Staff

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## TAPESTRY PHOTO PERMISSION

I give permission for my child to appear in other children's observations, group observations and be in the background of other children's observations. I understand that these photos cannot be removed from Tapestry.

Child's Name; \_\_\_\_\_

Signed: \_\_\_\_\_

Email; \_\_\_\_\_

# Nursery Contract



Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Little Nursery Start Date: \_\_\_\_\_

2/ 3 year old funded place: Yes/ No

Date child will leave 'Little Nursery': \_\_\_\_\_

Agreed Nursery Sessions:

|                                      | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------------------|--------|---------|-----------|----------|--------|
| 9am-12pm                             |        |         |           |          |        |
| 12pm-3pm                             |        |         |           |          |        |
| Wrap around care (7.30-9 or 3- 5.30) |        |         |           |          |        |
| Lunch Cover                          |        |         |           |          |        |

My child is attending the above sessions in Dawn till Dusk Childcare, I agree to pay all nursery fee's on time of the date on the invoice, I understand that if my child is ill I will still need to pay for my child's place at nursery. I understand that all nursery fee's are invoiced one month in advance and they must be settled within 10 days of invoice date. I agree that I will give one months' notice in writing of any changes to these sessions. If you agree to all of the above, please sign below.

| Signed | Relationship to child | Date |
|--------|-----------------------|------|
|        |                       |      |

|  |  |
|--|--|
| <b>Signed on behalf of Dawn till Dusk Childcare:<br/>(Name, Role &amp; Date)</b> |  |
|--|--|