



Registration and Information Form

Child's first name:			Surname:		Please attach a passport photo of your child here
Middle names:			Known as:		
Date of Birth:	M / F / Neutral	Religion:	Ethnic Origin:		
Child's first language:		Disabled? Y/N	Access requirements:		
Home Address: Post Code: Telephone Number:					
Name of Parent / Guardian 1:					
Date of birth:					
Occupation:					
Home Address: Post code: Telephone Number:					
Work Address:				Mobile Number:	
Post Code:					
Work Number:			Ext:	Email Address:	
Name of Parent / Guardian 2:					
Date of birth:					
Occupation:					
Home Address: Post code: Telephone Number:					
Work Address:				Mobile Number:	
Post Code:					
Work Number:			Ext:	Email Address:	
15 and 30 Hours Free Entitlement Code:					
15 Hours Free Entitlement code for 2 year old:				30 Hours Free Entitlement DERN number:	



EMERGENCY CONTACTS DIFFERENT FROM PARENTS			
Contact # 1 Name:		Known as:	
Relationship to child:			
Address:			
Post Code:			
Home Number:		Mobile Number:	
Work Number:			
Contact # 2 Name:		Known as:	
Relationship to child:			
Address:			
Post Code:			
Home Number:		Mobile Number:	
Work Number:			
Contact # 3 Name:		Known as:	
Relationship to child:			
Address:			
Post Code:			
Home Number:		Mobile Number:	
Work Number:			
PEOPLE AUTHORISED TO COLLECT CHILD (MUST BE OVER 16 YEARS OLD)			
PASSWORD:			
Name	Relationship to child	Telephone Number(s)	
MEDICAL DETAILS			
CHILD'S DOCTOR			
Name:			
Address:			
Telephone Number:			
CHILD'S HEALTH VISITOR			
Name:			
Address:			
Telephone Number:			
INJECTIONS	YES	NO	DETAILS
Whooping cough			
MMR			
Polio/Diphtheria/Tetanus			



ALLERGIES / SENSITIVITY	YES	NO
Milk		
Nuts		
Eggs		
Wheat		
Fish		
Other		
DIETARY REQUIREMENTS (Please state below):		
OTHER MEDICAL CONDITIONS	YES	NO
Diabetes		
Asthma		
Eczema		
Fits		
Other		
If you have answered 'YES' to any of the above, please provide <u>specific details</u> regarding possible symptoms or reactions to any of the above and the <u>exact</u> actions to be taken by staff		
ADDITIONAL MEDICAL INFORMATION – e.g. any operations or regular medication		
EMERGENCY TREATMENT CONSENT I hereby give consent to the Senior Staff at Oak Tree Day Nursery, to arrange emergency treatment, should they feel it is necessary. Emergency treatment consists of arranging medical advice from my child's Doctor or from the NHS help line, and/or transportation to a hospital. I understand that my child's health remains my responsibility and should the Nursery become concerned at any time then I shall be contacted and requested to either take my child home or arrange to meet us at the hospital, if the condition determines the need for emergency treatment. Signed (parent/guardian): _____ Date: _____		
LOCAL OUTING CONSENT I hereby authorise my child to participate in the nursery's activities which includes visits to the library, walks and various local outings organised by the nursery. Signed (parent/guardian): _____ Date: _____		
PHOTO AND VIDEO CONSENT We sometimes take photos and video recordings of the children during activities and play for nursery or educational use only. Photos and videos may sometimes be displayed on our website. Please indicate your consent below. I hereby authorise my child's photograph and video to be taken for nursery or educational use only Signed (parent/guardian): _____ Date: _____		



Please state your preferred start date: _____

Full time: Yes / No

PLEASE TICK THE DAYS / SESSIONS YOU WOULD LIKE YOUR CHILD TO ATTEND.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning's 8am-1pm					
Afternoon's 1pm-6pm					

How did you hear about Oak Tree Day Nursery? _____

Your child's last Nursery (if applicable): _____

*A non-refundable registration fee of £40.00 and refundable 2 weeks deposit is payable upon acceptance of a place. However, should you cancel your child's place before the agreed start date then this deposit will **NOT** be refunded. We are not able to postpone the start date of a confirmed place except on medical grounds with medical certificate as proof. Fees will become due from the confirmed start date.*

I have read and understood the terms and conditions of service, policies, procedures and fee structure for Oak Tree day Nursery and agree to abide by them. I will give 30 days written notice if I need to withdraw a confirmed nursery place.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME: _____

PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE WITH THIS FORM.

Please return this form with registration fee to:

*The Manager
Oak Tree Day Nursery
58 Blairderry Road
Streatham Hill
London
SW2 4SB*

All the above information will be held in accordance with our confidentiality policy. We will offer you a place when one becomes available, this form does not guarantee a place.