

Registration form

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Please complete in capital letters |  |  |  |  |  |  |  |  | | --- | --- | --- | | Child’s full name: | | | | Child’s age: |  | Child’s D.O.B.: |  |  |  | | --- | --- | | Gender: boy | girl |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Address: | | | | | | | |  | | | | | | | | Postcode: Tel no: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Language(s): |  | | | | | | | | | | | | | | Religion: |  | | | | | | | | | | | | | | Ethnic group: |  | | | | | | | | | | | | | | Address if different from above: | | | | | | | | | | | | | | | Mother: | | | | | Father: | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | | | Tel no: | | | | | Tel no: | | | | | | | | | | Work no: | | | | | Work no: | | | | | | | | | | Mobile no: | | | | | Mobile no: | | | | | | | | | | Email address: | | | | | Email address: | | | | | | | | | | Legal responsibility of the child: | | | | | | | | | | | | | | | Please provide a password for any other person collecting your child from the nursery, if different from mum or dad. Please note this is part of our safeguarding procedures for the care of children. | | | | | | | Password: | | | | | | | | Emergency contact details (Please ensure these are different from above): | | | | | | | | | | | | | | | Emergency contact one: | | | | | Emergency contact two: | | | | | | | | | | Name: | | | | | Name: | | | | | | | | | | Relationship: | | | | | Relationship: | | | | | | | | | | Tel no: | | | | | Tel no: | | | | | | | | | | Mobile no: | | | | | Mobile no: | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Medical details |  |  |  |  |  |  | | --- | | Please ensure details below are completed in full | | | | | | | | | | | | | | |  | |  |  | | Doctors details: | | | | | Health visitor: | | | | | | | | Name: | | | | | Name: | | | | | | | | Address: | | | | | Address: | | | | | | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | | | Postcode: | | | | | Postcode: | | | | | | | | Tel no: | | | | | Tel no: | | | | | | | | Immunisation | | | | | | | | | | | | | | | Type: | | | | | Tick | Date: | | | | | | | | | | BCG | | | | |  |  | | | | | | | | | | DTaP / IPV / Hib and PCV | | | | |  |  | | | | | | | | | | DTaP / IPV / Hib and Men C | | | | |  |  | | | | | | | | | | DTaP / IPV / Hib ,Men C and PCV | | | | |  |  | | | | | | | | | | Hib / Men C | | | | |  |  | | | | | | | | | | MMR (1st) and PCV | | | | |  |  | | | | | | | | | | DTaP / IPV and dTaP / IPV | | | | |  |  | | | | | | | | | | Other: (please state) | | | | | | | | | | | | | | | Does your child have allergies? Yes No  If yes, please give details: | | | | | | | | | | | | | | | Does your child have any special needs? Yes No  If yes, please give details: | | | | | | | | | | | | | | | Dietary requirements: | | | | | | | | | | | | | | | Is your child vegetarian? | | | | Yes No | | | | | | | | If your child is vegetarian can they eat fish? | | | | Yes No | | | | | | | | Please tick the relevant boxes if your child can eat the following items: | | | | Halal meat | | | | | | | | Fish | | | | | | | | Milk | | | | | | | | Eggs | | | | | | | | Nuts | | | | | | | | Wheat | | | | | | | | Does your child have any food allergies? If yes, please give details: | | | |  | | | | | | | | Further information: | | | | | | | | | | | | | | | Is there any other information you can give to assist us to meet the individual needs of your child? | | | | | | | | | | | | | | | Does your child have a comforter (e.g. dummy, blanket or toy)? | | | |  | | | | | | | | | | |  | | | | | | | | | | | How does your child like to be comforted if he/she is upset? | | | |  | | | | | | | | | | |  | | | | | | | | | | | What are your child’s likes and/or dislikes? | | | |  | | | | | | | | | | |  | | | | | | | | | | | Child’s favourite toy, book or words etc: | | | |  | | | | | | | | | | | Word for: | | | | Drink: | | | | Food: | | | | | | | Sleep: | | | | Hurt: | | | | | | | Is your child toilet trained? | | | |  | | | | | | | | | | | What word(s) does your child use to indicate he/she needs to use the toilet? | | | |  | | | | | | | | | | |  | | | | | | | | | | | Do we have your permission to take your child on short local trips during the session, e.g. park, shops, etc? | | | | Yes No | | | | | | | | | | | Do we have permission to take daily photographs of your child to place in our folder as evidence of our work with your child for the Local Authority? | | | | Yes No | | | | | | | | | | | Do we have your permission to take pictures of your child to occasionally use for publicity purposes? | | | | Yes No | | | | | | | | | | | Sessions attending | | | |  | | | | | | | | | | | The sessions available are as follows: (please tick appropriate boxes below) | | | | Full day 8am - 6pm | | | | | | | | | | | Short day 8.30am - 3.30pm | | | | | | | | | | | Half day, am 8am - 1pm | | | | | | | | | | | Half day, pm 1pm - 6pm | | | | | | | | | | | Education grant 15 hours | | | | | | | | | | | Other | | | | | | | | | | |  | | | |  | | | | | | | | | | |  | | Full day | Short day | Half day, am | | | Half day, pm | Education grant | Other | | | |  | | Monday | |  |  |  | | |  |  |  | | Tuesday | |  |  |  | | |  |  |  | | | |  | | Wednesday | |  |  |  | | |  |  |  | | | |  | | Thursday | |  |  |  | | |  |  |  | | | |  | | Friday | |  |  |  | | |  |  |  | | | |  | | **Any changes to the above times must be agreed with the Nursery Manager** | | | | | | | | | | | | | | | Child’s start date: | | | |  | | | | | | | | | | | Parent’s name: (PLEASE PRINT) | | | |  | | | | | | | | | | | Parent’s signature: | | | |  | | | | | | | | | | | Date: | | | |  | | | | | | | | | | | How did you hear about the Trinity Day Care Nursery?  Family/friend Website Leaflet Newspaper Town hall Other, please state: | | | | | | | | | | | | | | | For office use only: | | | | | | | | | | | | | | | Date Registration Fee paid: | | | |  | | | | | | | | | | | Date Deposit paid: | | | |  | | | | | | | | | | | Date when Deposit refunded: | | | |  | | | | | | | | | | |

### Please send completed form to: nursery@thetrinitycentre.org or to Nursery Manager, Trinity Centre, East Avenue, Manor Park, London E12 6SG