

Plympton St Maurice Childcare Centre

REGISTRATION FORM



Childs Surname: -	
First Names: -	
Preferred Name:-	
Date of Birth:-	
Address:-	
Full name of parent(s)/ carer(s) Relationship to child:-	Parent 1: Does this person have parental responsibility? Yes/No (Please circle) Parent 2: Does this person have parental responsibility? Yes/No (Please circle)
Telephone Numbers: -	Daytime:- Work number:- Mobile:- Email (for invoices):-
Name and address of person(s) who may collect your child if different from above (children will only be allowed to leave with persons named on this form Please supply a recent photograph	<u>First Contact</u> Name:- Address:- Telephone No:-

<p>Name and address of person(s) who may collect your child if different from above (children will only be allowed to leave with persons named on this form</p>	<p><u>Second Contact</u> Name Address:- Telephone No:-</p>
<p>Password in case of emergency collection:</p>	
<p>Name of child's doctor:- Address:- Telephone No:-</p>	
<p>Does your child have any special requirements? If YES please give full details:</p>	<p>YES/NO</p>
<p>Does your child have any allergies? If YES please give full details including medication and procedures on a healthcare plan available from the childcare centre:-</p>	<p>YES/NO</p>

Provision	Time	Mon	Tues	Wed	Thurs	Frid
<p><u>Baby Unit Sessions</u> <u>(Under 2's)</u></p>	<p>7.00-7.30</p>					
<p>Early Session</p>	<p>7.30-9.00</p>					
<p>Morning Session</p>	<p>9.00-12.00</p>					
<p>Afternoon Session</p>	<p>12.00-3.00</p>					
<p>Late Session</p>	<p>3.00-6.00</p>					
<p>Alternative times inc addition hour</p>						
<p><u>Age 2 years and above sessions:</u></p>	<p>7.15-7.30</p>					
<p>Early bird breakfast</p>	<p>7:30-8:00</p>					
<p>Breakfast</p>	<p>8:00-9.00</p>					

Morning session	9.00-11:30					
Lunch session	11:30-12:30					
Afternoon session	12:30-3:00					
Teatime 1	3:00-4:30					
Teatime 2	4.30-6.00					

Please tick the boxes of the sessions you will require.

Do you have any objections to St Maurice Childcare Centre sharing information about your child with our health visitor? **YES/NO**

Do you have any objections to our use of your child's photographs being used for displays or media purpose? **YES/NO**

Your child may be involved in visits or short trips. For your child to take part in these activities you must give written permission. Please speak to a member of nursery staff if you require any further information.

I agree to my child taking part in offsite activities. **YES/NO**

I consent to any medical treatment necessary during the running of the nursery. I authorise the nursery staff to sign any written consent required by the hospital authorities, if the delay in obtaining my signature is considered by the doctor to endanger my child's health and safety. YES/NO

Ethnicity

Religion

- **White - British**
- **Mixed - or Multiple ethnic groups**
- **Asian or Asian British**
- **Black, African, Caribbean or Black British**
- **Any other ethnic group**
- **Christian**
- **Muslin**
- **Buddhist**
- **Sikh**
- **Jewish**

Please State:

I enclose £30 for my child's registration and would like my child to start on

Signed..... (Parent/Carer)

Date.....