



"Funded by The Moray Council"

2-3 GROUP REGISTRATION FORM
APRIL 2009- MARCH 2010

PLEASE NOTE: ALL FORMS MUST BE RETURNED TO THE CHILDCARE DEPARTMENT PRIOR TO YOUR CHILD BEING BOOKED IN.

PERSONAL DETAILS

Child's Name:

Known As:

Date of Birth: Boy or Girl:

Parent's / Guardian's Names:

(1):

(2):

Address:

Home Telephone No:

Work Telephone No. (1):

Work Telephone No. (2):

School attended:

Doctor's Name:

Doctor's Telephone No:

Is your child on any medication Yes No

If yes, please complete medication form

Any other medical information?

(Please give details of your Childs immunisation details to the best of your knowledge.)

Are there any childcare professionals connected with your child's health and wellbeing (e.g. Occupational Therapist, Social Work)?:

.....

PLEASE HELP US TO ENSURE WE PROVIDE A QUALITY PERSONAL SERVICE TO YOUR CHILD BY PROVIDING US WITH THE FOLLOWING INFORMATION. ANY INFORMATION GIVEN BELOW WILL BE KEPT IN THE STRICTEST OF CONFIDENCE.

Is your child toilet trained?:
Yes No

What does your child say when wishing to use the toilet?:

.....

.....

.....

Does your child have any special fears?:

.....

.....

.....

Is your child being cared for by:
Mother Father Both
Other please specify:

Has your family any cultural believes which Nursery staff should be aware of?:

.....

.....

Is there any information which staff should be aware of when caring for your child (e.g. family separation)?:

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EMERGENCY CONTACT

Details of person who may be able to collect your child in an emergency if you are unavailable.

Name:

Tel. No(s):

Address:

PERMISSION FOR SHORT TRIPS

Some of the routine activities in the Nursery may involve short trips, swimming, ice-skating and studio classes. For your child to take part you must give your permission.

I agree to my child taking part in the activities:

Yes No

Signed: Date:

Name:

PERMISSION FOR PROMOTIONAL PHOTOGRAPHS

During the year photographs and video recordings may be made within our Nursery and may be used in promotional material. To include your child in photographs and video recordings you must give your permission.

I agree to my child being involved in any promotional photographs/video recordings:

Yes No

Signed: Date:

Name:

PERMISSION FOR OTHER ADULTS TO PICK UP YOUR CHILD

For safety reasons, only persons authorised by you may be able to pick up your child. Please list names below:-

Name: Tel. No:

Name: Tel. No:

Name: Tel. No:

To your knowledge, which play experiences does your child **MOST** enjoy?:

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.....
.....

To your knowledge, which play experiences does your child **LEAST** enjoy?:

.....
.....
.....

Any special dietary requirements?:

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.....
.....

Any preference for resting/sleeping time?:

.....
.....
.....

Permission to apply sun cream

Yes No

Signed:

Date:

Name:

Supported by



on behalf of



www.moraychildcarepartnership.co.uk