



Registration Data Form

Registered Charity No1159532

Summertime Nursery & Preschool
Thomas Hardy School
Queens Avenue

Dorchester DT1 2ET

summertimenursery@hotmail.co.uk

Child details

First name:

Date of birth: / /

Middle Name:

Surname:

Age: Years Months

Known name:

Security Password:

Address the child usually lives at

Date you would like your child to start at Summertime

£50 deposit when securing a space at the Nursery paid on

Please bring in Proof of Child Identity on registration

Proof of Identity Seen by Staff Name birth certificate / passport

Day and time request

Mon	Tue	Wed	Thurs	Fri
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Doctors details

Doctors Name: Surgery Name

Health visitor: Health visitor tel no:

Address:

Doctors Tel No:



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Primary Contact details: Parent/Carer Title: Mr/Mrs/Ms/Miss/Dr

First Name: Surname:

Relationship to child NI number if mother or Father

Address: Postcode:

Home tel no: Work tel no:

Mobile no: Email:

Bill payer? Parental responsibility?

Second Contact details: Parent/Carer Title: Mr/Mrs/Ms/Miss/Dr

First Name: Surname:

Relationship to child: NI number if mother or Father

Address: Postcode:

Home tel no: Work tel no:

Mobile no: Email:

Bill payer? Parental responsibility?



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Please state if your child has any:

Allergies Dietary or other:

Intolerances Dietary or other:

Any medical issues (eg. Asthma, Convulsions, Grommets etc):

Any other requirements due to diet or culture (eg. No pork, vegetarian, cows milk etc):

Immunisations:

Illnesses	My child has had this	My child has been Immunised	Illnesses	My child has had this	My child has been Immunised
Chicken Pox			Mumps		
Diphtheria			Polio		
HIB			Rubella		
Measles			Scarlet Fever		
Meningitis C			Tetanus		
Whooping cough					



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Other contacts who have permission to collect your child

Please supply a security password and a small photo of contacts so we are able to identify trusted adults if/when they pick up. They may also be asked for Identification. Please be aware that staff will NOT let children go with any one who is not on the contact list unless it is arranged previous to collection, therefore it is really important to inform staff if someone different from parent/carer is picking up.

Name in full:	Photo:
Address:	
Home no:	
Work no:	
Other no:	
Relationship to child:	
Security Password:	
Emergency contact <input type="checkbox"/>	Parental responsibility <input type="checkbox"/>
	Authorised to pick up <input type="checkbox"/>

Name in full:	Photo:
Address:	
Home no:	
Work no:	
Other no:	
Relationship to child:	
Security Password:	
Emergency contact <input type="checkbox"/>	Parental responsibility <input type="checkbox"/>
	Authorised to pick up <input type="checkbox"/>

Permissions: **Please indicate yes or No to the Permission questions asked**



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Name in full:	Photo:
Address:	
Home no:	
Work no:	
Other no:	
Relationship to child:	
Security Password:	
Emergency contact	Parental responsibility <input type="checkbox"/>
	Authorised to pick up <input type="checkbox"/>

I have read Summertime policies and procedures and infectious illness booklets and agree to the terms and conditions stated.

I understand that payments are monthly in advance, late collection charges apply and a months notice is required before leaving the setting.

I agree that this information is up to date and accurate and accept that it is my responsibility to inform the nursery immediately of any changes to this information.

Signed:

print name:

Date:



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I give permission for (Childs Name) _____ Yes / ~~No~~

- To receive emergency medical treatment/First aid YES / NO
- To have splinters removed YES / NO
- To have a plaster applied YES / NO
- To have nursery sunscreen applied to my child as an extra precaution YES / NO
although I accept it is my responsibility to protect my child prior to their attendance.
- To go on walks and outings at summertime YES / NO
- To have observations carried out whilst at summertime YES / NO
- To have nappy cream applied when necessary YES / NO
- To have nursery wet wipes to be used on my child YES / NO
- Photograph to be used by local newspapers in articles or events YES / NO
- To have their Face Painted YES / NO
- Tapstry portfolio to be online only visible to those with parental permission YES / NO
- Photographs to be taken of my child and for them to be developed and then used around the nursery, in their portfolio and tapestry. I am happy for my child to appear in a photo that may be used for another child's portfolio (if children are in small groups or with their peers/friends)
YES / NO
- I am aware that any photos taken during events (eg play, sports day) containing summertime staff or children other than my own **are not** to be put on social networking sites such as facebook and twitter.
YES / NO

Name person giving permission _____

Signature _____

Date _____



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Please tick all relevant boxes which are applicable to your child.

Hair colour:

- Black
- Blonde
- Dark brown
- Light brown
- Red

Eye colour:

- Blue
- Brown
- Green
- Hazel

Nationality:

- African
- American
- Australian
- Brazilian
- British
- Canadian
- Chinese
- Dutch
- French
- German
- Indian
- Irish
- Japanese
- Portuguese
- Spanish
- Dual nationality

Language:

- Chinese
- Creole
- English
- Dutch
- Esperanto
- French
- German
- Greek
- Italian
- Japanese
- Portuguese
- Somali
- Spanish
- _____ Other

Religion:

- None
- Church of England
- Hindu
- Baptist
- Buddhist
- Catholic
- Islam
- Methodist
- Muslim
- Shinto

Ethnicity:

- Mixed race
- African
- Arabic
- Asian
- Chinese
- Afro-caribbean
- Caucasian
- Indian
- Jewish v
- Sikh
- _____ Other