**Cairndow Community Childcare Registration Form**

**Details of Child**

Child’s Full Name:

Child is known as:

Date of Birth:

 Age at Registration:

Child’s Address including:

Postcode:

**Parent/Carer Details:** (Parent or Carer 1 will be primary contact person for the nursery)

|  |  |  |
| --- | --- | --- |
|  | Parent or Carer 1 | Parent or Carer 2 |
| Relationship to child i.e. Mother, Father, Guardian, Grandparent |  |  |
| Title (Ms, Mr, Miss, Mrs, Dr etc.) |  |  |
| First Name |  |  |
| Surname |  |  |
| Address (Tick if same as the child)Postcode |  |  |
| Home Telephone |  |  |
| Work Telephone |  |  |
| Mobile |  |  |
| Email |  |  |
| Do you use Facebook? Y or N |  |  |
| Preferred method of contact (phone, mobile, email etc.) |  |  |
| Place of work if applicable |   |  |
| Can be contacted in an emergency |  |  |
| Can collect child |  |  |

**Emergency Contacts (only if additional to the above)**

|  |  |  |
| --- | --- | --- |
|  | Emergency Contact 1 | Emergency Contact 2 |
| Relationship to child (Friend, Grandparent etc.) |  |  |
| First Name |  |  |
| Surname |  |  |
| Address (Tick if same as the child)Postcode |  |   |
| Home Telephone |  |  |
| Work Telephone |  |  |
| Mobile |  |  |
| Email |  |  |
| Can collect child |  |  |

**Other People Authorised to Collect Child from Nursery** (if different from above)

Name: …………………………………………………………………….. Telephone: ……………………………………

Relationship to Child: …………………………………………………..

Name: …………………………………………………………………….. Telephone: ……………………………………

Relationship to Child: …………………………………………………..

**Child Health Information**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child have any long term illness, medical condition or disability that you wish to disclose |  |  |
| If yes, and you are happy to disclose, please give a brief description |  |
| Does your child have any allergies e.g. nuts, lactose etc. |  |  |
| If yes, please give details |  |
| Are there any other health problems of which we should be aware? |  |  |
| If yes, please give details if you wish to disclose |  |
| GP Practice and name if knownAddressTelephone Number |  |
| Name of Health Visitor  |  |

**Additional Information**

|  |  |
| --- | --- |
| What languages are spoken at home, this information helps us incorporate different languages into the child’s learning  |  |
| Is there any other information you feel we should know to ensure your child settles in well. |  |
| How did you hear about Cairndow Community Childcare? (Website, Facebook, Council etc. )*We will use this information to improve our services* |  |
| Has your child attended another childcare centre, if so when and where?  |  |

**Declaration**

I agree that the information give on this registration form is correct and will advise the centre immediately of any changes.

**Signed:** …………………………………………………………………………………….. **Date:** ………………………………

Print Name: ………………………………………………………………………………