

Rainbows Registration Form

Personal Details

Name of child			
Date of birth			
Home address			
Postcode			
Position in family			
Hair colour		Eye colour	
Religion			
Ethnic origin			
Nationality			
Language(s) spoken at home			
Intended medium of education, e.g. English, Welsh			
Details of any special educational needs/disabilities			
How did you hear about [<i>insert nursery name</i>]?			
Preferred start date			

About your family

Mother/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	

Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/>
	Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Father/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/>
	Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Other contacts

Contact one	
Title	

First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from nursery	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

Medical details

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
	Immunisation	Date of immunisation

Has your child had any of the following immunisations? Please tick and date	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Any other immunisations		
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		
Health visitor details		
Name		
Address		
Postcode		
Telephone number		
Other agency details		
Name		
Address		
Postcode		
Telephone number		

Any other details that we should know about?

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning only					
Afternoon only					
Extended morning					
Extended afternoon					
After-school care					
Breakfast care					
Wrap-around care					

Meals	Mon	Tues	Wed	Thurs	Fri
Breakfast					
Lunch					
Tea					

Funded sessions	Mon	Tues	Wed	Thurs	Fri
0 sessions					

1 session					
2 sessions					

Do you require a place for term-time only? (Please circle) Yes / No

Temporary session amendment form

Please complete this form if you require a temporary amendment to your child's sessions at **[insert nursery name]**.

Name of parent

Name of child

Room

Date(s) if amended sessions

Additional session(s) required

	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning					
Afternoon					
Breakfast					
Lunch					
Tea					
Other (give details)					

Cost of additional sessions

Signed Date

Office use only

Room head authorisation

Additional staff required (to meet ratios)? Yes/No

Staff name

Input into nursery administration system (tick when complete) (date)

Input by..... Position

Payment method

Permanent session amendment form

Please complete this form if you require a permanent amendment to your child's sessions at **[insert nursery name]**.

As per our terms and conditions, one month's notice must be given if the number of sessions is to be reduced.

Name of parent

Name of child

Room

Start date for amended sessions
.....

Please complete the sessions' form with the new sessions required and attach it to this amendment form.

Signed Date

Office use only

Manager/room head authorisation

Additional staff required (to meet ratios)? Yes/No

Staff name

Input into nursery administration system (tick when complete) (date)

Input by Position

Agreement

I agree to abide by the terms and conditions and policies and procedures of **[insert nursery name]** which I have read and fully understand.

Signed..... Date

Print name.....

Relationship to child

Signed.....Date.....

Print name.....

Relationship to child

Office use only

Input into nursery administration system (tick when complete) (date)

Input by

Position

Actual start date

Room

Key person

Permission slips received

Nursery trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

Communication Plan

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

The preferred method is _____

Monitoring form

Take up/usage		Ethnic origin	
1 – 15 hours per week		White	
16 – 30 hours per week		British	
31 – 50 hours per week		Irish	
		Traveller	
Work/training		Other	
Children in lone parent family			
A parent working full time (35 hours +)		Mixed	
A parent now working more than 16 hours		White and black Caribbean	
A parent now working less than 16 hours		White and black African	
A parent now in higher/further education		White and Asian	
A parent taking skills for life or step into learning		Other	
Parent(s) are not working/training			
		Asian or Asian British	
Financial support		Indian	
Parents access CTC		Pakistani	
Parents access WTC		Bangladeshi	
Parents access HE childcare access fund support		Kashmir	
Parents access Care 2 Learn support		Other	
Place sponsored by regeneration scheme e.g. SRB		Black or black British	
Financial support from employer		Caribbean	
Receipt of 2 year old funding		African	
Receipt of 3 and 4 year old funding – 15 hours		Other	
Receipt of 3 and 4 year old funding – 30 hours			
		Chinese	
Additional needs		Chinese	
Cognition and learning difficulty		Other	
Behaviour, emotional and social development needs			
Communication and interaction needs		Other	
Sensory and/or physical needs		Other ethnic group	
Other/combination of needs			