



Spinney Bell Meadow Day Nursery,  
Handbridge House,  
Bell Meadow Business Park,  
Pulford,  
Nr Chester  
Cheshire  
CH4 9EP

Tel: (01244) 577948  
Fax:(01244) 570125

Director: Mrs Alison D Thomson B.Ed. (Hons).

**REGISTRATION FORM.**

Please complete all the details and return the form to Mrs Alison Thomson at the above address.

**PLEASE USE BLOCK CAPITALS**

**FULL NAME OF CHILD.**

**First Name(s)**.....

**Surname**.....

**DATE OF BIRTH** .....

**HOME ADDRESS**

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

**Post Code**..... **TEL No.** .....

**I WOULD LIKE MY CHILD TO START AT THE NURSERY ON:** .....200

<b>For Office Use only</b> <b>Checked</b>	<b>Registration Fee</b>	<b>Entered on database</b>
--	-------------------------	----------------------------

**EMERGENCY CONTACTS (Please show priority)**

**PARENT'S FULL NAME AND PLACE OF WORK. (Including working hours).**

**MOTHER**.....

**Place of work**.....

**Tel No.** ..... **Mobile(If Applicable)**.....

**Working Hours: Days of week**..... **Hours**.....

**Priority of Contact**.....(1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> etc)

**FATHER** .....

**Place of work**.....

**Tel No.** ..... **Mobile (If Applicable)**.....

**Working Hours: Days of week**..... **Hours**.....

**Priority of Contact**.....(1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> etc)

**CONTACT IN CASE OF EMERGENCY (If parents not available).** .....

..... **Tel No.** .....

**Priority of Contact**.....(1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> etc)

**NAMES AND RELATIONSHIP OF PEOPLE AUTHORISED TO COLLECT YOUR CHILD.**

.....

.....

.....

**Password (If Applicable)**.....

MEDICAL

DOCTOR'S NAME AND ADDRESS: .....

..... Tel No. ....

CHILD'S NATIONAL HEALTH No. ....

ANY SPECIAL MEDICAL NOTES. (All information will be treated in confidence).

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

IMMUNISATIONS TO DATE . ....

.....

ILLNESS TO DATE

.....  
.....

ANY SPECIAL DIETARY REQUIREMENTS.

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

ANY HEALTH PROBLEMS, ALLERGIES, CONVULSIONS, ETC.

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

ANY FURTHER INFORMATION WHICH MAY BE OF USE CONCERNING YOUR CHILD.

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

**AUTHORISATION**

PARENT PERMISSION FOR NURSERY STAFF TO ESCORT CHILD ON OUTINGS, AND IN AN EMERGENCY, TO DOCTOR OR HOSPITAL.

Please sign below to give the Nursery permission to take your child out on outings and to take to hospital if necessary.

SIGNED. ....

**CALPOL AUTHORISATION**

As you are aware children do get high temperatures and in an emergency when we are unable to contact a parent of a child in our care, we would like to be sure that it is safe to give Calpol. We require your permission to give your child Calpol.

NAME OF CHILD .....

DOES YOUR CHILD HAVE AN ALLERGY TO CALPOL? YES/NO

DO YOU GIVE YOUR PERMISSION FOR YOUR CHILD TO HAVE CALPOL? YES/NO

Signed ..... ( Parent/ Legal Guardian ).

**CHILDREN PHOTOGRAPHIC POLICY.**

Please note that staff sometimes take photographs of the children attending the Nursery or After School/Holiday club for the sole purpose of:

- Displays
- On occasions like birthdays or if a child is leaving us parents may leave a camera with us in order to take some pictures.
- For students to use as examples of play to use in their portfolios or college work.
- Promotional purposes for Nursery media, inclusive of newspapers and web sites.

If you are happy with this policy please sign and date below.

Signed \_\_\_\_\_ Signature of parent/carer

Date \_\_\_\_\_

ATTENDANCE DETAILS:

FULL TIME. YES/NO PART TIME. YES/NO (Delete as applicable).

IF PART TIME TICK AS APPLICABLE.

	MORNING	AFTERNOON
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>

DOES YOUR CHILD REQUIRE BREAKFAST? YES/NO

DOES YOUR CHILD REQUIRE LUNCH? YES/NO

DOES YOUR CHILD REQUIRE TEA? YES/NO

I HAVE RECEIVED AND READ THE REGULATIONS FOR THE SPINNEY DAY NURSERY AND I AGREE TO COMPLY WITH THEM. I WOULD LIKE TO APPLY FOR ADMISSION FOR THE ABOVE NAMED CHILD.

I have included a cheque for £50 made payable to The Spinney Day Nursery Ltd, in payment for the registration fee.

Signed ..... ( Parent/ Legal Guardian).

Date. ....

Please could you fill in the form below to let us know if we can apply sunscreen to your child.

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ Do/Do not Give permission for The Spinney Day Nursery to apply suntan lotion to my child.

Parent/carers signature \_\_\_\_\_

We also need permission to use our own suntan lotion which will be SPF 50+. If you think there is a possibility that your child will have a reaction to this product please supply your own from home.

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ Do/Do not Give permission for The Spinney Day Nursery to use their own suntan lotion on my child.

Parent/carers signature \_\_\_\_\_