



Child Registration Form

Personal Details

Name of child			
Date of birth			
Home address			
Postcode			
Hair colour		Eye colour	
Religion			
Ethnic origin			
Nationality			
Language(s) spoken at home			
Details of any special educational needs/disabilities			
How did you hear about Cuckooz Nest?			
Preferred start date			

About your family

Mother/carers	
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		
Has your child had any of the following immunisations? Please tick and date	Immunisation	Date of immunisation
	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 (8am – 6pm)					
Morning only 8am – 12noon)					
Afternoon only (2pm – 6pm)					
Extended morning (8am – 2pm)					
Extended afternoon (12noon – 6pm)					
Lunch care (12noon -2pm)					
Breakfast care (8am – 10pm)					
Other					

Preferred package:

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

Agreement

I agree to abide by the terms and conditions and policies and procedures of Cuckooz Nest 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) on (date)

Input by

Position

Actual start date

Key person

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
- Parent Zone

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	
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		