

Child Registration Forms



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			
Details of any special educational needs/disabilities			
How did you hear about Mini Adventures			
Preferred start date			

About your family

Mother/carer	
Title	
First name	
Surname	
Password for pickup	
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 <input type="checkbox"/> emergency

Father/carer	
Title	
First name	
Surname	
Password for pickup	
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 <input type="checkbox"/> emergency

Other contacts

Contact one	
Title	
First name	
Surname	
Relationship to the child	
Password for pickup	
Address	
Postcode	

Tel number		Mobile	
Responsibilities (Tick all that apply)	Collecting from preschool	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>
Contact two			
Title			
First name			
Surname			
Relationship to the child			
Password for pickup			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collecting from preschool	<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	
Does your child have any medical needs?	Yes/No (please circle)
If yes, please give details including any regular medication.	

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		
Has your child had 2-year check? If so please attach a copy		
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
Hot Lunch					
8.00 – 9.00					
8.30 – 9.00					
All day 9-3					
Morning only 9-12					
Morning with lunch club 9-1					
Afternoon only 12-3					
3.00 – 3.30					

Name of parent

Name of child

Preferred Payment method.....

Signed Date

I agree to abide by the terms and conditions and policies and procedures of **Mini Adventures** 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 preschool administration system (tick when complete) ☐ on (date)

Input by

Position

Actual start date

Key person

Permission slips received

Preschool trips ☐ agree/disagree

Emergency medication ☐ agree/disagree

Photographs ☐ agree/disagree

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			