

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 emergency	<input type="checkbox"/>	Contact	in <input type="checkbox"/>

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 emergency	<input type="checkbox"/>	Contact	in <input type="checkbox"/>

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.			

<p>Has your child had any of the following immunisations? Please tick and date</p>	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	