

Registration Form

Acceptance

The terms and conditions overleaf are considered to be fair and reasonable. In the event of any term found by a Court of Law to be unreasonable then that clause shall be removed but the agreement shall remain in full force and effect. The parent/carer has read and understood the terms and conditions contained overleaf and undertakes to be bound by the same.

Office Use Only

Customer Number:

Registration Fee Paid:

Date:

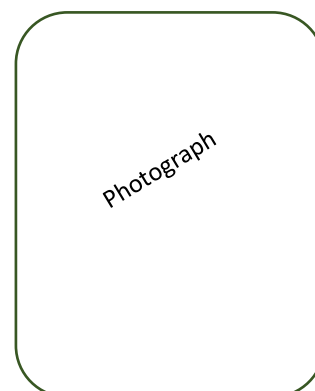
Personal Details

Child's Surname:		Other Names:	
Gender:		Date of Birth:	
Religion:		Child's Home Language:	
Child's Home Address:		Home Telephone:	
		Copy of Birth Certificate Seen: Y / N	
	Postcode:	Birth Certificate Number:	
Parent/Carer 1 Name:		Parent/Carer 2 Name:	
Address:		Address:	
	Postcode:		Postcode:
Date of Birth:		Date of Birth:	
Home Telephone:		Home Telephone:	
Work Telephone:		Work Telephone:	
Mobile Telephone:		Mobile Telephone:	
Email Address:		Email Address:	

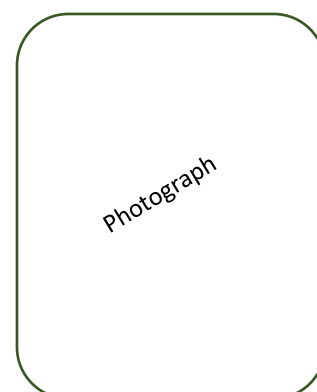
Collection of Children & Emergency Contact

The safety of children is of paramount importance to us. Our staff will be instructed to only allow named and known persons to take your child from the school. Only those persons named on this form will be allowed to collect your child. Each named person must sign this form and may be asked to provide a signature and/or password when collecting your child. Named persons must not be Parent/Carer 1 or 2.

Name:	Relationship to Child:
Address:	
	Postcode:
Home Telephone:	Work Telephone:
Mobile Telephone:	
Signature:	Password:



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Address:	
	Postcode:
Home Telephone:	Work Telephone:
Mobile Telephone:	
Signature:	Password:



Medical Information

Are there any professionals that are involved with your child or family? (E.g. Speech Therapist, Physiotherapist, Dieticians etc.) If yes, please state:

As part of the EYFS curriculum that we follow at OSB, we will complete daily observations in the form of notes, photographs, art work and written observations. This enables staff to follow your child's interests and support their individual needs. Do you give consent for staff to observe your child?

Yes ☐ No ☐

Doctor's Name:

Address:

Postcode:

Telephone Number:

Please indicate if your child has any of the following medical conditions. Please tick the boxes that are applicable.

Rheumatic Fever:	<input type="checkbox"/>	Fits or Faints:	<input type="checkbox"/>
Asthma:	<input type="checkbox"/>	Diabetes:	<input type="checkbox"/>
Kidney Problems:	<input type="checkbox"/>	Heart Problems:	<input type="checkbox"/>
Liver Problems:	<input type="checkbox"/>	Epilepsy:	<input type="checkbox"/>
Hay Fever:	<input type="checkbox"/>	Eczema:	<input type="checkbox"/>

Please list any other special needs, medical conditions or recurring illnesses not already listed:

Are there any medical procedures that are prohibited by your family's religious beliefs? If yes, please state below:

Does your child have any dietary needs or allergies that we should be aware of? If yes, please state in the space below:

Is your child on any permanent medication? If yes, please give details below:

Immunization Due	Vaccine	Date Given	Comments
2 Months	1st DTaP/IPV/Hib and Pneumoccal conjugate vaccine (PCV)		
3 Months	2nd DTaP/IPV/Hib and Men C		
4 Months	3rd DTaP/IPV/Hib, Men C and PCV		
12 Months	Hib/Men C		
13 Months	MMR and PCV		
3 Years, 4 Months	DTaP/IPV or dTa/IPV and MMR		

In the event of an emergency, I give permission for staff to contact, or take my child to my doctor or a hospital and authorize emergency procedures (unless otherwise specified), if I or any other contact cannot be reached.

Signature:	Signature:
(Parent/Carer 1)	(Parent/Carer 2)

Permissions

	Description	Consent Given (Please tick)
Outings	Outings may be arranged in the local environment to support the Early Years Curriculum. All outings are conducted by qualified staff and help to enhance children's learning.	
	To go out in a pushchair	
	To travel on a bus/train/mini-bus	
	To walk to a nearby shopping/play area	
Photographs & Video	Photographs and videos may be taken of your child while in the school. These pictures may be used in our promotional materials and display boards.	
	These pictures and videos may be used in our online promotional materials, such as our website, Facebook, Twitter, Google+ etc.	
Medication	Do you consent to OSB staff taking your child to hospital if there is an emergency?	
	Do you consent to the doctor performing medical treatment before you attend the hospital e.g. stitches, x-rays etc?	

How did you hear about us?

Please <input type="checkbox"/> all that apply			
Website:	<input type="checkbox"/>	TV	<input type="checkbox"/>
Signs:	<input type="checkbox"/>	Leaflet/Flyers:	<input type="checkbox"/>
Recommendation	<input type="checkbox"/>	Facebook:	<input type="checkbox"/>
Instagram:	<input type="checkbox"/>	Google:	<input type="checkbox"/>
Other, please state:			

Why did you choose us?

Information about your child:

Sleep Routine

1. Please list your child's normal sleeping times:

2. Where does your child sleep most of the time? Cot: Bed:

3. What position does your child sleep in?

4. Does your child have a comforter? Yes: No:

Nappies

5. Does your child wear nappies? Yes: No:

6. Which lotion/cream do you use during nappy changes?

7. May we apply barrier cream if required? Yes: No:

8. Does your child have any skin allergies? Yes: No:

Activities

9. What is your child's favourite toy/game/activity?

10. What is your child's least favourite toy/game/activity?

11. Is there any activity that you would not like your child to participate in?

12. My child may need additional support with:

13. The most wonderful thing about my child is: