**Child Registration Form**

Child’s Name Gender

Child’s DOB Known As

Home Address

Religion Nationality Language

Allergies

Medical Conditions

Dietary Needs

Disabilities / Special Needs

Name/location Children’s Centre where child registered

Password for collection of child by authorised person

Name & Address of GP

Child NHS Number

Name of Health Visitor.

Name of Social Worker (if applicable)

Telephone

Any other professional/agency with regular contact with child

**Parent/Carer 1** Full Name

Relationship to child

Daytime / Work Phone Mobile

Home Phone Email

National Insurance Number

Home Address

Employer Name and Address

Parental Responsibility Yes/No (delete) Collect Child Yes/No (delete)

Legal Access to the Child Yes/No (delete) Emergency Contact Yes/No (delete)

Payment of Fees Yes/No (delete)

**Parent/Carer 2** Full Name

Relationship to child

Daytime /Work Phone Mobile

Home Phone Email

National Insurance Number

Home Address

Employer Name and Address

Parental Responsibility Yes/No (delete) Collect Child Yes/No (delete)

Legal Access to the Child Yes/No (delete) Emergency Contact Yes/No (delete)

Payment of Fees Yes/No (delete)

**Other person/s with legal contact (to be completed where those persons with parental responsibility are separated and an S8 order is in place)**

Full Name

Home Address

Contact Phone No Mobile

Relationship to child

What are the contact arrangements that the setting needs to know about?

The above person is allowed to collect the child Yes/No (delete)

**Emergency Contact Details**

**Contact 1** Full Name

Daytime /Work Phone Mobil

Home Phone Email

Home Address

Relationship to child

The above person is allowed to collect the child Yes/No (delete)

**Contact 2** Full Name

Daytime /Work Phone Mobile

Home Phone Email

Home Address

Relationship to child

The above person is allowed to collect the child Yes/No (delete)

**Additional Information**

Financial Support

Are you in receipt of any of the following (please tick all that apply)?

Parents access Child Tax Credits [ ]

Parents access Working Tax Credits [ ]

Parents access Higher Education [ ]

Childcare Access Fund Support [ ]

Financial Support from Employer [ ]

Receipt of 3 and 4 year old funding [ ]

Receipt of 2 year old funding [ ]

Childcare Vouchers [ ] Voucher Company:

Please let us know whether your child will be attending any other childcare provider setting. This is to ensure that we work in partnership with additional childcare providers regarding your child’s development.

Name of Setting:

Address of setting:

Days and Hours your child attends additional setting:

## **I/we give permission to share relevent information about my child with the Local Authority, local Children’s Centre or any other professionals where necessary.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian**

**For Office Use Only**

Birth Certificate seen [ ] Parents identification checked [ ]

Actual Start Date: Room:

Keyworker: