

Child Registration Form



Please fully complete all details and return form with £50 registration fee to your preferred Sunny Day Nursery and/or Play Club or post to:- Central Administration Team, Sunny Day Nurseries Ltd, Middle Farm Barn, Middle Farm Way, Poundbury, Dorchester, Dorset, DT1 3WA.

Child's Personal Details

| | |
|--|--|
| Attach passport size photo of your child use staple or paper clip | Child's full name _____ Known name _____ |
| | Date of birth (or edd) _____ Child's gender <i>circle one</i> > Male or Female |
| | Home address _____ _____ _____ |
| | Postcode _____ |
| | Religion _____ Ethnic origin _____ |
| | Nationality _____ Language (s) Spoken _____ |

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Any additional needs _____

Child's Medical Details

Allergies: Does your child have any allergies? *circle one* > YES or NO ... if yes, please give details of causes and reactions

Dietary requirements: Does your child have any special dietary requirements? *circle one* > YES or NO ... if yes, give details

Medical conditions: Does your child have any medical conditions or needs? *circle one* > YES or NO ... if yes, give details

Immunisations: Has your child had any of the following immunisations? ... *please tick boxes and date as appropriate below ...*

| | | | |
|---------------|-------------------------------------|----------------|-------------------------------------|
| bcg | <input type="checkbox"/> date _____ | meningitis c | <input type="checkbox"/> date _____ |
| poliomyelitis | <input type="checkbox"/> date _____ | hib | <input type="checkbox"/> date _____ |
| tetanus | <input type="checkbox"/> date _____ | diphtheria | <input type="checkbox"/> date _____ |
| mmr | <input type="checkbox"/> date _____ | whooping cough | <input type="checkbox"/> date _____ |

Doctor's details

Name of GP _____ Tel No _____

Surgery & Address _____

Postcode _____

Child Registration Form



Primary Carer Details

Attach passport size photo of primary carer use staple or paper clip

Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Responsibilities

(tick boxes as apply)

Parental responsibility specify *i.e. mother/father/etc* _____

Collect child from nursery/play club

Fee Payer

Contact in emergency

For use with Parent Portal Date of birth _____ Password _____ 8 characters

Invoices are available online via our **PARENT PORTAL** for which you need an 8 character password. If you prefer paper invoices tick

Work name & address _____

Postcode _____ Work Tel Nos _____

Work Email _____

Other Carer Details

Attach passport size photo of other carer use staple or paper clip

Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Responsibilities

(tick boxes as apply)

Parental responsibility specify *i.e. mother/father/etc* _____

Collect child from nursery/play club

Fee Payer

Contact in emergency

Home Tel _____ Mobile _____ Home Email _____

Work name & address _____

Postcode _____ Work Tel Nos _____

Work Email _____

Child Registration Form



Other contacts

Contact 1

Attach passport size photo of other carer use staple or paper clip

Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Relationship to child specify i.e. auntie/grandmother/etc _____
(tick boxes as apply)

Collect child from nursery/play club Fee Payer Contact in emergency

Contact 2

Attach passport size photo of other carer use staple or paper clip

Title _____ Full name _____

Home address _____

_____ Postcode _____

Home Tel _____ Mobile _____

Home Email _____

Relationship to child specify i.e. auntie/grandmother/etc _____
(tick boxes as apply)

Collect child from nursery/play club Fee Payer Contact in emergency

PLEASE COMPLETE for PLAY CLUB CHILDREN ONLY

School and address attending (if applicable) _____

_____ Postcode _____

Tel.No. _____ Class _____ Teacher _____ Sch day ends at _____

Do you require a Play Club place for following? tick boxes appropriate term time breakfast holidays

Do you give permission for your child ...

please tick boxes as you permit >>

- | | Yes | No |
|--|--------------------------|--------------------------|
| to participate in local outdoor activities that we may decide to do during the session your child attends? | <input type="checkbox"/> | <input type="checkbox"/> |
| travel in Sunny Days vehicles to visit local attractions/activities e.g. beach, gardens/parks, Play Loft, etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| to be included in recorded observations being made by staff for his/her Profile, and college courses? | <input type="checkbox"/> | <input type="checkbox"/> |
| authorisation for emergency medical treatment, should you or your named contacts be unobtainable? | <input type="checkbox"/> | <input type="checkbox"/> |
| for a member of staff to apply sun cream/block, supplied by yourself, to your child as appropriate? | <input type="checkbox"/> | <input type="checkbox"/> |
| to be photographed for his/her Development Profile, Sunny Days training and promotional purposes? | <input type="checkbox"/> | <input type="checkbox"/> |

