



Wheelwright Lane Nursery

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Registration form

It is helpful for the Key Worker or Manager to complete this form with the parent(s) when the child starts at the setting.

Basic details

Name of child _____ Date of birth _____

Name known as _____ Gender (male or female) _____

Name of parent(s) with whom the child lives

1 _____

Does this parent have parental responsibility? Yes/No (delete)

2 _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____ Mobile _____

Name of parent with whom the child does not live _____

Does this parent have parental responsibility? Yes/No (delete)

Address _____

Telephone _____

Mobile _____

Does this parent have legal access to the child? Yes/No (delete)

Emergency contact details

Parent 1 - Work/daytime contact number _____

Parent 2 - Work/daytime contact number _____

Any other emergency contact numbers _____

Name _____

Telephone _____

Mobile _____

Name _____

Telephone _____

Mobile _____

Persons authorised to collect the child (must be over 16 years of age)

Name _____

Relationship to
child _____

Telephone _____

Mobile _____

Name _____

Relationship to
child _____

Telephone _____

Mobile _____

Person/s NOT authorised to collect the child

Name _____

Relationship to
child _____

Personal details of child

Does your child have any special dietary needs or preferences? Yes/No (delete)

Does your child have any allergies? Yes/No (delete)

Does your child have any medical conditions? Yes/No (delete)

Medical Treatment

I/We give permission for a plaster to be administered to my child's skin should the need arise. Yes/No (delete)

I/We understand that should my child require emergency medical advice or treatment in the event of an accident within the Nursery, the staff will do everything possible to contact me. Should this not be possible, I/we give consent to the seeking of any emergency medical advice or treatment.

Signed _____

Are you aware of any procedures that may be prohibited by religious or cultural beliefs? Yes/No (delete)

If Yes, please detail:

Is your child potty trained? Yes/No (delete)

How would you describe your child's ethnicity or cultural background?

What is the main religion in your family? _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

What language(s) is/ are spoken at home _____

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details _____

Are any of the following in place for the child:

Early Years Action?	Yes/No (delete)
Early Years Action Plus?	Yes/No (delete)
Statement of special educational need	Yes/No (delete)

What special support will he/she require in our setting?

Please refer to the SEND Code of Practice and the SEND Policy for more details.

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Names of professionals involved with child

Name 1	_____	Role	_____
Agency	_____	Telephone	_____
Name 2	_____	Role	_____
Agency	_____	Telephone	_____
Name 3	_____	Role	_____
Agency	_____	Telephone	_____
Do you have a health visitor?		Yes/No (delete)	
Name	_____	Based at	_____

Telephone _____

Does your family have a social care worker for any reason?

Yes/No (delete)

Name: _____

Based at: _____

Tel: _____

What is the reason for the involvement of the social care department with your family?

NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.

To be completed by the Key Worker/Manager

Date starting at _____ (name of setting)

Days and times of attendance

Are any fees payable? If so, note here

Name of Key Worker

Name of back up Key Worker

Has the settling-in process been agreed? Yes / No (delete)

If so, detail

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Signed by

Parent 1

Parent 2

Key Worker

Manager

Date

Equalities monitoring form - to be completed by the provider

Ethnicity, where collected, should be recorded according to the following categories:

White - British

- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Mixed - White and Black Caribbean

- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

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Any other ethnic background

- Please state _____

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