



## Confidentiality

May we assure you that all the details you have enclosed on this form are kept safe and secure and will only be used for registration purposes only. Your child's safety, security and welfare are paramount to us. If you have any concerns please talk to the Manager. Please note that under GDPR we are obliged to provide you with a copy of your data we hold within one month of receipt of written request. If you feel we have not met our GDPR obligations you have the right to complain to the ICO <https://ico.org.uk/for-the-public/raising-concerns/>

**Please bring your child's Birth Certificate or passport with your registration forms as it is a legal obligation for us to have seen this.** Please can we also ask to see your child's red book.

### For office use

Details checked against;

Birth Certificate

Passport

By: -

Date: -

Start Date: -

Date eligible for funding:-

Allergies & medical info noted: -

Phone numbers checked: -

Red book seen:

## Registration Form

Child's legal Surname:-

Child's Forename (s):-

Likes to be called:-

Date of Birth:-

Male/Female

Parent 1/Carer full name:-

Parent 2 /Carer full name:-

Please call us by our first names/Surnames (Delete as necessary)

Parent 1 /Carer DOB:-

Parent 2 /Carer DOB:-

Address:- (Parent 1)

Address:- (Parent 2)

Postcode:-

Postcode:-

Telephone:-

Telephone:-

Mobile:-

Mobile:-

Email:

Email:

Previous address if moved  
within the last 2 years:-

Child normally lives  
with/has parental  
responsibility:-

If no-one can be reached on the numbers above who  
would you like us to contact in case of emergency?

Name: -

Relationship: -

Address:

Telephone Number:-

Home: -

Mobile: -

G.P.'s Name:-

Address:-

Telephone Number:-

Health Visitor:-

Dentist:-

Do you have a social worker:- **Yes/No**

If yes, social workers name:-

Is your child allergic/sensitive to anything (materials/food/medicines)? **Yes/No**

(Please give details):-

Are there any foods your child must not/should not eat?

**Yes/No** (Please give details):-

Are there any medical problems you are aware of? **Yes/No**

(Please give details):-

Does your child attend another Pre-School/Playgroup/Nursery?

**Yes/No** (Please give details):-

Which Primary School do you intend to send your child to?

Place of Birth:-

Ethnic background:-

Date of arrival in UK (if born outside):-

Languages used:-

Previous setting within UK:-

Previous setting outside UK:-

Other relevant details, e.g. siblings, parents ability to speak English, who has legal contact, etc:-

**Please give details here of anyone who should not be allowed to collect your child from the Group under any circumstances:**

Signed:

Signed:

Print:

Print:

Relationship to Child:

Relationship to Child:

Date:

Date: