



Apple Room Registration & Information Form

Child's information

First name..... Surname.....

Name "prefers to be called"

Address.....

Post code.....

Date of Birth

Ethnicity

Nationality

Parent/Carer's information *(please fill in all the details!)*

First name..... Surname.....

Relationship to child.....

Address

..... Postcode.....

Email Address:

Telephone numbers: Home

Mobile

Work

First name..... Surname.....

Relationship to child.....

Address

..... Postcode.....

Email Address:.....

Telephone numbers: Home

Mobile

Work

Emergency Contact

Please give details of a third person who we may contact in an emergency in the event that we are unable to contact either of the above parents/carers

Name..... Relationship to child

Telephone Numbers: Home Mobile

Work

Medical and Personal Information

Doctors Name and Surgery Address with whom you are registered:

Dr.....

Surgery Address.....

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Telephone Number.....

Immunisation Record

Has your child been immunized against the following:

Measles/Mumps/rubella	Yes <input type="checkbox"/>	Date...../...../.....	No <input type="checkbox"/>
Whooping cough	Yes <input type="checkbox"/>	Date...../...../.....	No <input type="checkbox"/>
Diphtheria	Yes <input type="checkbox"/>	Date...../...../.....	No <input type="checkbox"/>
Tetanus	Yes <input type="checkbox"/>	Date...../...../.....	No <input type="checkbox"/>
Polio	Yes <input type="checkbox"/>	Date...../...../.....	No <input type="checkbox"/>
H.I.B	Yes <input type="checkbox"/>	Date...../...../.....	No <input type="checkbox"/>

Medical Conditions and Allergies

Please give details of any allergies, medical conditions, special needs or dietary restrictions:

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Are you involved with any other agencies eg Social Care, EYSENITs, Health visitor etc? Please give details below:

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Emergency arrangements:

In an emergency, it is sometimes necessary to obtain treatment for a child from a Doctor or the Casualty Department of a hospital. As delay in these circumstances is highly undesirable, we would ask that you give your consent should such an emergency unfortunately arise.

In the event of sudden illness or accident I agree to my child receiving emergency treatment.

Parent/Carers Signature:..... Date:.....

Mealtimes:

Please give details of any Food Allergies or Special Dietary Requirements:

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Getting to know your child:

Has your child previously attended a day nursery or playgroup? Yes No

If yes, please give details of which one.....

Was he/she settled in the environment? Yes No

If no, give details why not.....

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Does he/she have any siblings? Yes No

If yes, please give details (e.g. brother aged 5).....

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Rest and sleep times:

Does your child have a nap during the day? Yes No

If Yes, What time do they normally nap?.....And for how long?.....

Our rest time in the Apple room is at 1pm,

Would you like your child to have a nap during this time? Yes No

Does he/she have a comforter or special toy? Yes No

If Yes, please ensure they bring this with them to the Apple Room.

Toilet Training:

Is your child: Toilet Trained Wearing Nappies/Pull Ups

If your child is still wearing nappies/pull ups please ensure that you provide a supply of these and any necessary creams. Please ensure that you keep a regular check on the supply held.

Individual needs:

Please use this space to give any further relevant information about your child i.e. language spoken at home, extra support requirements, habits etc:

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Collection arrangements:

Who will normally collect your child?

If this is someone other than those already stated:

Relationship to child.....

Contact Telephone Number.....

You may wish to provide us with a photograph of this person or supply a password that they may use when collecting your child.

I agree to inform you in advance if the above arrangements for collecting my child are to be altered:

Signed..... Print Name.....

Photography permissions:

I give my permission for photographs of my child/ren to be used in publications / newsletters / website / press or as part of a project.

I understand that they will not be named in any context and this permission is effective for 2 years from the date below. At this point in time the photographs will be removed from all current uses and also deleted from all archives. They will not be passed to any other organisation.

Signed Print Name

Date/...../.....

Visits and Short trips:

Some of the routine activities of the daycare may involve visits to the local park, the library or short trips using public transport. For your child to take part in these activities you must give your permission.

I agree to my child taking part in short trips described above.

Signed:.....Print Name.....Date:..... //

Parent/Carer Skills

Please let us know of any skills you may have that you would be willing to share with the children e.g. musician

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