



# 9 Months Nursery Ltd.

30a The Grove, Isleworth, Middlesex, TW7 4JU / 0208 847 0303 /

www.9monthsnursery.com

Registered in England company reg. Number 3920143

## Registration Form

NAME OF CHILD..... DATE OF BIRTH .....

ADDRESS.....

SIBLING INFORMATION.....

HOME TEL NO.....

NAME OF CURRENT NURSERY/SETTING.....

DATE PLACE REQUIRED FROM.....

NO OF DAYS REQUIRED (please specify which days)

.....

## Childs Personal Details

DIETARY NEEDS .....

ETHNICITY/CULTURAL BACKGROUND.....

MAIN RELIGION IN 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.....

.....

WHICH LANGUAGES 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)

Does your child have any special needs or disability.....

Details.....

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

.....

Any Other relevant Information.....

.....

**Names of any professionals involved with child** e.g. therapists, SENCO, Consultant etc. This does not include your GP or health visitor.

**None**

Name 1		Role	
Agency		Telephone	
Name 2		Role	
Agency		Telephone	
Name 3		Role	
Agency		Telephone	

Does your family have a social care worker                      Yes/No (delete)

NAME.....BASED AT.....

TELEPHONE.....

REASON FOR INVOLVEMENT.....

.....

## Parents Details

**MOTHER/GUARDIAN**..... (First name) ..... (Surname)

DO YOU HAVE PARENTAL RESPONSIBILITY? YES/NO

OCCUPATION .....

WORK ADDRESS.....

.....

TELEPHONE NUMBER.....

MOBILE NUMBER.....

EMAIL.....

**FATHER/GUARDIAN**..... (First name) ..... (Surname)

DO YOU HAVE PARENTAL RESPONSIBILITY? YES/NO

OCCUPATION .....

WORK ADDRESS.....

.....

TELEPHONE NUMBER.....

MOBILE NUMBER.....

EMAIL.....

### Emergency Carer 1

When Parents cannot be contacted

NAME ..... RELATIONSHIP TO CHILD .....

TELEPHONE NUMBER (H)..... (W).....

### Emergency Carer 2

When Parents cannot be contacted

NAME ..... RELATIONSHIP TO CHILD .....

TELEPHONE NUMBER (H)..... (W).....

PERSONS AUTHORISED TO COLLECT OTHER THAN THE PARENTS: (must be over the age of 16)

(On a regular basis not just in a one-off situation)

Name & relationship to child.....

Number.....

Name & relationship to child.....

Number.....

Name & relationship to child.....

Number.....

Name & relationship to child.....

Number.....

**CONSENTS**

I/We DO / DO NOT consent for my/our child(ren) to be taken out as a part of the daily activities at 9 Month. I/We understand that our further consent will be requested for major outings.

I/We DO/DO NOT give consent for staff to administer antibiotics, pain relievers & fever reducers when provided by parent and when written consent is given on the day.

I/We DO / DO NOT consent for the staff to take my/our child(ren) to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I/we have been informed and are on my/our way to the hospital.

I / We have read and understood the terms and conditions of the nursery admissions policy and agree to abide by them

I / We give consent for the setting to share development summaries / trackers/2 year progress check to the next provider/school my child may attend.

SIGNED: (MOTHER)..... (FATHER).....

.....  
(Print name) (Print name)

**THIS SECTION TO BE COMPLETED ONLY IF CHILD DOES NOT LIVE WITH BOTH BIOLOGICAL PARENTS**

Name of parent with whom the child does not live.....

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

Address of this parent.....

Telephone.....Mobile.....

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

Does the nursery have permission to discuss the child's development with this parent? Yes/No (delete)