

Newpark Childcare

a place of discovery

EMERGENCY CHILDCARE PARENT REGISTRATION FORM

NURSERY: HIGHBURY/BARBICAN

DATE FORM COMPLETED:

Child's details

Forenames:		Surname:	
D.O.B.		Sex:	M / F
Ethnic origin:		Languages:	
Address:			
Postcode:		Home telephone:	

Mother's details

Forenames:		Surname:	
Company:			
Work Address:			
Postcode:		Work telephone:	
Email:			

Father's details

Forenames:		Surname:	
Company:		Mobile telephone:	
Work Address:			
Postcode:		Work telephone:	
Email:			

Normal childcare arrangements

Who will normally deliver and collect your child?
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Emergency contact numbers (other than parents) with relationship to child:

Contact 1: Name: _____
Relationship: _____
Telephone number: _____

Contact 2: Name: _____
Relationship: _____
Telephone number: _____

In an emergency, where you cannot come to the nursery to collect your child, we can arrange for you to nominate a person to collect your child. We will require the person's name, will issue you with a password to give to that person, and will require the person collecting the child to show a form of photographic ID (passport, driver's licence etc.). In the rare event that you do not inform us that you cannot collect your child, we will only release your child to a parent or one of the emergency contacts named on your child's registration form.

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MEDICAL HISTORY

Position of child in family	1 st 2 nd 3 rd 4 th 5 th	Birth weight	...lbs ...ozs ...kgs
Was your child born full term?	YES/NO	Was your child healthy at birth?	YES/NO
Was the birth normal?	YES/NO	If no, give details:	

Name of Doctor

Address

Telephone

Has your child had any of the following illnesses?

Whooping cough	YES NO	Asthma	YES NO
Measles	YES NO	Eczema	YES NO
German Measles	YES NO	Allergies	YES NO
Mumps	YES NO	Bronchitis	YES NO
Ear problems	YES NO	A fit or fainting attack	YES NO

Has your child ever had any other serious illness, accident or operation, or been admitted to hospital? If so, what for and when?

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Is your child having any medicine, special treatment or diet at present?

Details

Please give details of any dietary requirements your child has:

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IMMUNISATIONS

Please tick the immunisations your child has had?

<input type="checkbox"/> DTP-Hib Vaccine (Diphtheria, Tetanus, Whooping Cough, Hib)	<input type="checkbox"/> Polio Pre-School Booster	<input type="checkbox"/> DtaP Pre-School Vaccine
<input type="checkbox"/> Polio Vaccine	<input type="checkbox"/> Mumps Single Vaccine	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> MMR Combined Vaccine (Measles, Mumps, Rubella)	<input type="checkbox"/> Hepatitis B Vaccine	<input type="checkbox"/> MMR Booster
<input type="checkbox"/> Measles Single Vaccine		<input type="checkbox"/> Rubella Single Vaccine
<input type="checkbox"/> BCG Vaccine		<input type="checkbox"/> Meningitis C Vaccine
<input type="checkbox"/> Other (please specify)		

CHILD'S ROUTINE

Is your baby breast fed?	YES/NO	No. of ounces:	
Name of milk provided:		At what times:	
Does your child have a dummy or comforter?			
Which nappies does your child wear?			
Is your child toilet trained?			
Does your child usually sleep during the day? At what times?			

Any further information concerning your child's daily pattern:

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CONSENT FORM

Child's Name:

- | | |
|---|--------|
| Consent to leave the nursery on suitably organised visits to local places of interest | YES/NO |
| Consent to take photographs of my child for display work or marketing material | YES/NO |
| Consent to administer First Aid to my child | YES/NO |
| Consent to administer medication prescribed by my child's doctor | YES/NO |
| Consent to administer Calpol | YES/NO |
| Consent for Newpark Childcare to take suitable medical decisions and seek medical help if I/we are not contactable (in loco parentis consent) | YES/NO |

Parent Signature

Dated

Print Name:

We have received a copy of the current terms and conditions, which include details on costs and Parent Agreement, and agree to abide by the terms and conditions therein.

Parent Signature

Dated

Print Name:

Please write below any information you feel would be useful for us to know about your child.

OFFICER-IN-CHARGE'S SIGNATURE

PRINT NAME

DATE