

Registration Details



Southwell Smiley Faces
Southwell Smiley Faces
Longstone Close
Portland
Dorset
DT5 2EU
Tel: 01305 823953

OFSTED: EY396062

Printed on: 6 February 2014

Dear Sir/Madam

We need registration details about your family.

Please complete the form below then sign it and return it to us as soon as possible. This information will be held on a computer and used in accordance with the Data Protection Act.

Signed: _____ Date: _____

Person with Parental Responsibility / Main Contact

1. Title: _____
First Name: _____
Last Name: _____
Relationship: _____
Order to contact (if any): _____ Use 1 for 1st, 2 for 2nd, etc.
Do You Have Parental Responsibility?: _____ Use Yes / No

2. Phone: Day/Work: _____
Home: _____
Mobile: _____

3. e-mail: _____

4. Address: Line 1: _____
Line 2: _____
Town: _____
County: _____
Postcode: _____

Child

1. First Name: _____
Last Name: _____
Middle Name (if any): _____
Date of Birth: _____
Town of Birth: _____
Gender (M/F): _____
Pass Phrase: _____

2. Legal names (if different):
First Name: _____
Last Name: _____
Middle Name (if any): _____

3. Other nurseries in use 1: _____
Nursery 2: _____
Nursery 3: _____

4. Doctor: Name: _____
Tel: _____
Tel (Out of Hours): _____

5. Dentist: Name: _____
Tel: _____
Tel (Out of Hours): _____

6. Health Visitor (if any): Name: _____
Tel: _____
Tel (Out of Hours): _____

Has your child had their 2 year check (if relevant) Y/N: _____

7. Medical Conditions & Special Diet Notes

8. General Notes. Please tell us about your child's interests, cultural background, likes, dislikes, etc.

Child (continued)

First Name: _____
Last Name: _____
Middle Name (if any): _____

9. Ethnicity (Please tick one option from the list below)

- White, British
- White, Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- White, any other White Background
- Mixed, White and Black Caribbean
- Mixed, White and Black African
- Mixed White and Asian
- Mixed, any other mixed background
- Asian or Asian British, Indian
- Asian or Asian British, Pakistani
- Asian or Asian British, Bangladeshi
- Asian or Asian British, Any other Asian Background
- Black or Black British, Caribbean
- Black or Black British, African
- Black or Black British, Any other Black background
- Chinese
- Any other ethnic background
- Do not wish to be recorded

10. Consent (Please tick if you consent to the following)

- I consent to my child having prescribed medicines administered as described in section 7, 'Medical Conditions & Special Diet Notes'.
- I consent to my child participating in off-site outings.
- I consent to my child having their photograph taken for use in the Setting and for publicity.
- I consent to my child participating in face painting activities.
- I consent to the setting staff administering Emergency First Aid and to seek necessary medical advice or treatment as required.
- I consent to my child having sun screen applied as required.

Trusted Friends / Family Members (Adult family member or trusted family friend)

1. Title: _____
First Name: _____
Last Name: _____
Relationship: _____
Order to contact (if any): _____ Use 1 for 1st, 2 for 2nd, etc.
Has Parental Responsibility?: _____ Use Yes / No

2. Phone: Day/Work: _____
Home: _____
Mobile: _____

3. e-mail: _____

4. Address: Line 1: _____
Line 2: _____
Town: _____
County: _____
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Trusted Friends / Family Members (Adult family member or trusted family friend)

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First Name: _____
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Order to contact (if any): _____ Use 1 for 1st, 2 for 2nd, etc.
Has Parental Responsibility?: _____ Use Yes / No

2. Phone: Day/Work: _____
Home: _____
Mobile: _____

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