

**NATURE'S NURSERY**  
 St Phillips Drive, Royton, Oldham, OL2 6AE  
 Tel: 0161 628 6300

**Registration form**

Children's details

Date of registration:

First name/s & middle name/s:	Surname:	Male/Female: M/F	Preferred name:
Date of birth:	Age:	First language:	Key workers name: 1. 2. 3. 4.

Parent/guardian details:

1. Parent/guardian name:	2. Parent/guardian name:
Home address:	Home address (if different):
Does the child normally live at this address? Yes/No	Does the child normally live at this address? Yes/No
Work address:	Work address:
Home number:	Home number:
Mobile number:	Mobile number:
Work number:	Work number:
Email address:	Email address:
Does this person have parental responsibility? Yes/No	Does this person have parental responsibility? Yes/No
Does anyone else have parental responsibility for this child? Yes/No (If yes, please provide details on separate sheet)	Does anyone else have parental responsibility for this child? Yes/No (If yes, please provide details on separate sheet)

**Emergency contact details / Persons authorised to collect (in addition to above):**

Name:	Telephone number:	Address:
Relationship to child:	Mobile number:	

Name:	Telephone number:	Address:
Relationship to child:	Mobile number:	

Child's Doctor:

Name of doctor:	Telephone number:
Address:	
Is your child up to date with all immunisations? Yes/No	

About your child:

Please detail any additional/special needs/medical conditions your child has: (Please provide full details, use a separate sheet if necessary)
Please detail any dietary requirements/food allergies for your child: (Please use a separate sheet if necessary)
Is there anything your child doesn't like or is scared of? (Food, games etc)
What are your child's favourite activities?

### Emergency medical treatment consent form

In the event of an accident or an emergency we will always try to contact you. If we are not able to and your child requires medical attention, we require your consent to ensure they obtain the necessary treatment.

I consent to my child getting any necessary treatment in my absence. I authorise the staff to sign any written form of consent required by the hospital authority if there is any delay in getting my signature.

Please delete as appropriate: Yes / No

Child's name:

Date:

Parent/Guardian name:

Parent/Guardian signature:

### Permission to store and administer medicine form

Child's name:	Date of birth:
Child's address:	
Parent/Guardian contact number:	
Reason for medicine:	Dosage:
Storage requirements:	

I give permission for medicine to be given to my child in accordance with the details and the information I have supplied above.

I also agree that Nature's Nursery may administer prescribed or over the counter medication such as Calpol / Nurofen for the reduction of temperature. The staff at Nature's Nursery will make every attempt to contact all of the numbers that are on your child's registration form before administering the medicine. In an event where we are unable to obtain verbal consent, the medication will be administered, and staff will continue to try and contact parent / guardian's.

Parent / Guardian signature:

Date:

Parent / Guardian name:

- Staff at Nature's Nursery will only be permitted to administer medication to your child if you complete and return this form.
- Under no circumstances will members of staff administer medication against the will of a child.

### **Permission to apply sun cream**

Children love to play outside in the sun, but sunburn in childhood increases the risk of developing skin cancer in later life.

Children's skin is delicate but you can protect their skin by:

- Avoiding the midday sun (between 11am and 3pm)
- Playing in the shade
- Wearing a hat that covers the ears and neck
- Covering up with appropriate clothing
- Using a minimum of SPF 15 sunscreen on exposed skin. Apply sunscreen liberally and reapply regularly.

Nature's Nursery is concerned about protecting your child from sunburn and skin damage. Please provide a suitable hat such as a legionnaire's hat or sunhat and sun cream with a factor above 30.

With your consent we will apply sun cream when necessary. Please complete the consent form below.

Child's name:

I am happy for my child to have sun cream applied at Nature's Nursery.

I will provide a bottle of sun cream, labelled with my child's name for use at nursery.

I understand that if my child does not have sun cream on, they will be unable to take part in any outdoor activities or trips when it is hot and sunny. A member of staff on collection of my child will notify me if they have been unable to play out.

Parent / Guardian signature:

Date:

### **TRIPS OUT**

I hereby agree that Nature's Nursery can take my child out of the nursery premises for walks / picnics etc.

Parent / Guardian signature:

Date:

## Photograph Permission Form

The use of photographs is an important developmental tool, which is widely used in play and educational settings for recording, sharing and displaying activities that your children have undertaken. At Nature's Nursery we take the issue of child protection very seriously and we would never knowingly publish an image of your child without your consent.

As the parent / guardian of the child named below, I grant permission for images of my children to be used for the following purposes: (Please tick)

- Electronic and printed information, newsletters and displays at nursery
- Website for the nursery
- To accompany staff or student coursework
- Observation and assessment
- Nursery records of my child
- Local newspaper

I understand that personal details or names of any child in a photograph will never be given in such a way that would allow them to be individually identified.

I understand that this image **WILL NOT** be used for anything which may be viewed as negative in tone or that may cause offence, embarrassment or distress for the child or their parent or guardian.

Child's name:

Date:

Parent/Guardian name:

Parent/Guardian signature:

## Parent / Guardian contract

Child's name:

- I consent for my child to attend Nature's Nursery. I understand that the nursery has policies and procedures and that there are expectations and obligations relating to both the nursery and myself and my child and I agree to abide by them.
- The nursery has a robust policy and procedure for the administration of prescribed medicines including oral, surface applied, inhalers and some teething gels (if prescribed) you will be asked to provide in writing instructions on dosage / applications and timings for your child to receive the prescribed medication. Unless instructed to do so by you the parent, we will not deviate from the written instructions and consent received by you.
- I understand that Nature's Nursery is a childcare facility and that whilst my child is there, Nature's Nursery is legally responsible for him/her.
- My child will be provided with healthy nutritious meals throughout their sessions.
- My child will be given stimulating and challenging play opportunities in a fun and safe environment.
- I will inform the nursery if my child is going to be absent for any reason (for example, holidays and sickness).
- I have read and understood the terms and conditions.
- It is my responsibility to keep the nursery manager informed of any alterations to the information regarding my child (For example, child's address and phone numbers).
- Nursery closes at 6pm and if for any unforeseen circumstances I am going to be late, I will contact the nursery before 6pm.
- If my child is not collected by 6pm, I will pay a charge of £5.00 per 10 minutes to cover the cost of 2 members of staff who are legally required to stay.
- If any child remains at 7pm and after doing everything possible to contact parents and emergency contacts then Nature's Nursery will be legally required to contact social services.
- If my child has an accident then a first aider will treat him/her and I will be informed of the situation as soon as possible. If there is a situation where my child needs urgent medical treatment and I am unavailable, a member of staff from Nature's Nursery may sign any consent forms necessary for the treatment on my behalf.
- All signed consent forms will remain valid whilst my child remains in the care of the nursery.
- Any information and details regarding my child will be treated as confidential. However, there may be times for example in cases of child protection concerns, when details of my child may be passed onto other agencies. For example, police, social care and health care professionals.

I have read and understood the above contract and agree to abide by the details.

Parent / Guardian name:

Parent / Guardian signature:

Date: