



Little Angels
Registration form.

Child's details

First name:

Middle Names:

Surname:

Date of birth:

Age:

Address:

Postcode:

Home language:

Additional Languages:

Gender:

Ethnicity:

Religion:

Any Celebrations/ Events that you celebrate at home:

2 year Code:

30 hour Funding code:

Paying: Yes/ No

Red book seen:

Health visitor name:

Birth certificate number:

Who has parental responsibility? (names on child's birth certificate)

Parent 1

First name:

Middle Name:

Surname:

D.O.B:

National Insurance Number:

Telephone number:

Parental Responsibility: yes/No

Address if different from above

Work Details if applicable:

Work place:

Work Contact:

Parent 2

First name:

Middle Name:

Surname:

D.O.B:

National Insurance Number:

Telephone number:

Parental Responsibility Yes/ No

Address if different from above

Work Details If applicable:

Work Place:

Contact Number:

Emergency contact details

Password agreed:

1. First name:

Middle Names:

Surname:

Relationship to child:

Contact telephone number:

Address:

Postcode:

2. First name:

Middle Names:

Surname:

Relationship to child:

Contact telephone number:

Address:

Postcode:

Doctors details

Practice Name:

Address:

Postcode:

Telephone number:

Doctors name:

Health

Are all immunisations up to date? YES/NO

Does your child have any allergies if yes please give details.

Are there any other health conditions we need to be aware of?
E.G asthma, skin conditions etc.

Does your child have any dietary requirements if so please give details.

Do you have any concerns in regards to your child's learning E.G speech, hearing, physical?

Has your child had their two year old check completed by the health visitor?
Were there any concerns shared here?

Is there any other information you would like to share with us?

Permissions: -

Can your child have suncream applied whilst at nursery? Yes/ No

Can your child go on outings/ trips? Yes/ No

Can your child go on class dojo? Yes/ No

Can your child's photos be shared with other parents on class dojo? Yes/ No

Can your child have photo's put on our social media page?
E.G facebook, Instagram Yes/ No

Can your child have photo's put on our social media? Yes/ No

Other services

Do you have any agencies working with your family?
E.G - Health Visitors, Social Workers, Family workers?

Has your child attended any other settings? E.G nurseries, playgroups

Setting name:

Address:

Phone number

Any other information you would like to share:

To be completed by a staff member:

Start date:

Preferred Sessions:

Monday- am/pm Tuesday am/pm Wednesday - am/pm Thursday am/pm
Friday - am/pm

Dinners: Monday Yes/No Tuesday Yes/no Wednesday: Yes/No Thursday Yes/No Friday Yes/No

Keyworker:

Proof of address:

Parent/ carers signature:

Staff member Signature: