**BABY BEARS REGISTRATION FORM**

|  |  |
| --- | --- |
| Childs surname: |  |
| Childs first and middle name/s: |  |
| Childs Date of birth: |  |
| Gender (please circle) | Male Female  |
| Nursery start date: |  |
| Collection password (should your child be picked up by someone else): |  |

|  |  |
| --- | --- |
| Previous setting name: |  |
| Previous setting address: |  |
| Does your child receive any additional outside support? E.G, SEN, social support etc. |  |

|  |  |
| --- | --- |
| Parental responsibility for child: |  |
| Who has legal contact with child: |  |
| Name/s of the parents/guardians your child lives with: |  |

|  |  |
| --- | --- |
| Child’s religion: |  |
| Childs Ethnicity: |  |
| Childs First Language: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sessions | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

**Parent Information**

|  |  |
| --- | --- |
| **PARENT INFO 1** | **PARENT INFO 2 (if different from 1)** |
| Full Name & relationship to child: | Full Name & relationship to child: |
| Address:Does the child also live at this address? Y/N | Address:Does the child also live at this address? Y/N |
| Home Tel: | Home Tel: |
| Mobile Tel: | Mobile Tel: |
| Email address: | Email Address: |

**Parent/Carer Work Contact Details 1**

Place of Work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer Work Contact Details 2**

Place of Work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **1st emergency contact full name:**CHILDS NAME: |  |
| Home Telephone Number: |  |
| Work Telephone Number |  |
| Mobile Telephone Number: |  |
| Full Address: |  |
| Relationship to Child: |  |

**Emergency Contact Details**

|  |  |
| --- | --- |
| **2nd emergency contact full name:** |  |
| Home Telephone Number: |  |
| Work Telephone Number |  |
| Mobile Telephone Number: |  |
| Full Address: |  |
| Relationship to Child: |  |

|  |  |
| --- | --- |
| **3rd emergency contact full name:** |  |
| Home Telephone Number: |  |
| Work Telephone Number |  |
| Mobile Telephone Number: |  |
| Full Address: |  |
| Relationship to Child: |  |

|  |  |
| --- | --- |
| Name and address of your child’s doctor: |  |
| Name and address of your child’s health visitor: |  |
| Immunisations up to date?  | Yes/NoIf No, please give details below |
| Any known medical condition we should be aware of  | Yes/No If yes, please state below |
| Any allergies we should be aware of  | Yes/No If yes, please state below  |
| Any food allergies we should be aware of  | Yes/NoIf yes, please state below |

**Medical Details**

If yes to any of the above, medication prescribed by a doctor must be supplied (if relevant). Please advise what action needs to be taken

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| Additional information: |