

Online Registration Form for ABS



Registration Form



Child Details

First Name

Middle Name

Last Name

Preferred Name

Date of Birth

Legal Gender

Gender Identity

Preferred Pronoun (she / he / they)

Address

Select nationality

Select ethnicity

Select religion

Home Main Language

Other Languages Spoken

Preferred Start Date

Previous School/Nursery attended

Previous School/Nursery telephone number

Previous School/Nursery contact name

UPLOAD
YOUR
CHILD'S
PHOTO



Parental Details

Parent / Carer 1



Authorised to Collect

YES NO

Emergency contact

YES NO

Bill Payer

YES NO

Parental Responsibility

YES NO

Select Title



First Name



Last Name



Mobile Phone

Home Phone

Main email

Select Relationship with Child

Date of Birth

Home Address

Occupation

Collection - security password

Add another parent / carer

Medical Details

Illness and immunisation Record

	Illness	Immunisation		Illness	Immunisation
Chicken Pox:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convulsions:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diphtheria:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis A:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hepatitis B:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hib:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Measles:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Meningitis B:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Meningitis C:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	MMR:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Mumps:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pneumonia:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Polio:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rotavirus:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rubella:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Scarlet Fever:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tetanus:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Whooping Cough:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

All immunisations are Up To Date

YES NO

Doctor's Details

Dentist's Details

Health Visitor

Doctor Name

Dentist Name

Health Visitor Name

Doctor Phone

Dentist Phone

Health Visitor Contact

Medical Notes

Dental Notes

Health Visitor Notes

Booking Pattern

Please select your preferred booking pattern

Select preferred sessions



Full Time - Monday - Friday
7.30am - 5.00pm

Full Time - Monday - Friday
7.30am - 12.00pm

Full Time - Monday - Friday
12.00am - 5.00pm

Full Time - Monday
7.30am - 5.00pm

Full Time - Monday
7.30am - 12.00pm

Full Time - Monday
12.00am - 5.00pm

Full Time - Tuesday
7.30am - 5.00pm

Full Time - Tuesday
7.30am - 12.00pm

Full Time - Tuesday
12.00am - 5.00pm

Full Time - Wednesday
7.30am - 5.00pm

Full Time - Wednesday
7.30am - 12.00pm

Full Time - Wednesday
12.00am - 5.00pm

Full Time - Thursday
7.30am - 5.00pm

Full Time - Thursday
7.30am - 12.00pm

Full Time - Thursday
12.00am - 5.00pm

Full Time - Friday
7.30am - 5.00pm

Full Time - Friday
7.30am - 12.00pm

Full Time - Friday
12.00am - 5.00pm

Reset booking pattern and start again

Don't worry - this will get re-confirmed for each child when you are offered a nursery place.

Permissions

General permissions

Administer First Aid

YES	NO	NA
-----	----	----

Administer Medication

YES	NO	NA
-----	----	----

I give permission for a member of staff to apply antihistamine cream for insect bite treatment.

YES	NO	NA
-----	----	----

I give permission for a member of staff to apply barrier cream for nappy rash

YES	NO	NA
-----	----	----

I give permission for a member of staff to apply teething gel

YES	NO	NA
-----	----	----

I give permission for a member of staff to apply a plaster if necessary

YES	NO	NA
-----	----	----

I give permission for staff to administer an emergency dose of Calpol to my child in the event of my child developing a high temperature (I will be contacted immediately)

YES	NO	NA
-----	----	----

Tooth-brushing (if required)

YES	NO	NA
-----	----	----

I give permission for staff to administer an emergency dose of Calpol to my child as a reliever for teething pain without any other symptoms

YES	NO	NA
-----	----	----

I give permission for sun cream to be applied to my child (this is provided by nursery and will be at least factor 30)

YES	NO	NA
-----	----	----

I give permission for staff to seek emergency medical advice or treatment if necessary (in the event of the above I will be contacted immediately)

YES	NO	NA
-----	----	----

Permissions

Outings and Transport

After School Club - I give permission for my child to travel on a booster seat using a 3 point seat belt.

YES	NO	NA
-----	----	----

I give permission for my child to be taken for local walks (e.g. to the park, beach, library etc)

YES	NO	NA
-----	----	----

I give permission for my child to be transported by car/minibus.

YES	NO	NA
-----	----	----

Online and Media

Allow my child to appear in photos sent to me via the app.

YES	NO	NA
-----	----	----

Allow my child to appear in photos with other children, which will be sent to me and

YES	NO	NA
-----	----	----

Allow photos and videos for nursery website, social media and public social media apps.

YES	NO	NA
-----	----	----

Allow photos for child development evidence, display boards and training within nursery.

YES	NO	NA
-----	----	----

Allow photos for local press releases.

YES	NO	NA
-----	----	----

Information and Observations

During the course of their work, all staff are required to carry out observations on all of the children as part of the statutory framework for the Early years Foundation Stage. I give permission for staff to carry out observations on my child.

YES	NO	NA
-----	----	----

I give permission for the nursery to share information regarding my child's developmental records/learning journeys with other providers, outside agencies such as local Authority and transition teams with local primary schools.

YES	NO	NA
-----	----	----

Agreement

Information Security

By clicking “Submit Childcare Registration” you agree to use electronically recording and storing this information. All information is secure and will be encrypted.

Accurate Information

You confirm that the information you have provided is both complete and accurate and you understand that the giving of false information could invalidate your child care contract terms and conditions.

Policies and Procedures

I have been taken through the Nursery policy and procedures by the Nursery manager and fully comprehend the permission authorised.

Confirmation and Digital Signature

I confirm I have read the terms and conditions of the Nursery and agree to comply with them and any update regulations where necessary. By signing and dating the box below you are agreeing to abide by the terms and policies set out by ABS Early Years Learning Centre.

Permissions authorised	<input checked="" type="checkbox"/>	Information Security	<input checked="" type="checkbox"/>	Accurate Information	<input checked="" type="checkbox"/>
Policies and Procedures	<input checked="" type="checkbox"/>	Confirmation and Signatures	<input checked="" type="checkbox"/>	Parent Agreement	<input checked="" type="checkbox"/>

Digital Signature

Date

You agree to the terms and conditions of the Nursery and agree to comply with them and any updated regulations and instructions where necessary

Save as draft

Submit