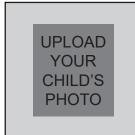
# Online Registration Form for ABS



# Registration Form

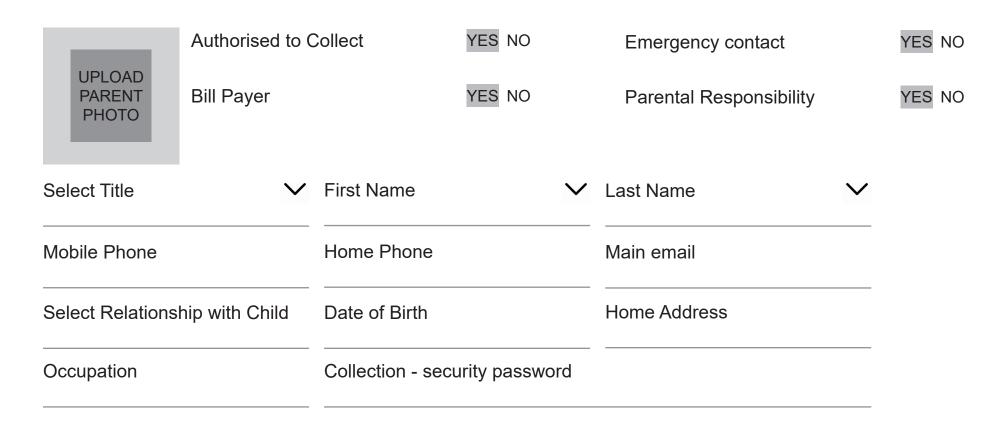


**Child Details** First Name Middle Name Last Name **Preferred Name** Date of Birth Preferred Pronoun (she / he / they) Legal Gender **Gender Identity** Address Select nationality Select religion Select ethnicity Home Main Language Other Languages Spoken **Preferred Start Date** Previous School/Nursery attended Previous School/Nursery telephone number Previous School/Nursery contact name



#### **Parental Details**

#### Parent / Carer 1



Add another parent / carer

# **Medical Details**

## Illness and immunisation Record

	Illness	Immunisation		Illness	Immunisation
Chicken Pox:	YES NO	YES NO	Convulsions:	YES NO	YES NO
Diphtheria:	YES NO	YES NO	Hepatitus A:	YES NO	YES NO
Hepatitis B:	YES NO	YES NO	Hib:	YES NO	YES NO
Measles:	YES NO	YES NO	Meningitis B:	YES NO	YES NO
Meningitis C:	YES NO	YES NO	MMR:		YES NO
Mumps:	YES NO	YES NO	Pneumonia:	YES NO	YES NO
Polio:	YES NO	YES NO	Rotavirus:	YES NO	YES NO
Rubella:	YES NO	YES NO	Scarlet Fever:	YES NO	YES NO
Tetanus:	YES NO	YES NO	Whooping Cough:	YES NO	YES 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

7.30am - 5.00pm

Full Time - Tuesday 7.30am - 5.00pm

Full Time - Wednesday

7.30am - 5.00pm

Full Time - Thursday 7.30am - 5.00pm

Full Time - Friday 7.30am - 5.00pm

Full Time - Monday - Friday 7.30am - 12.00pm

Full Time - Monday 7.30am - 12.00pm

Full Time - Tuesday 7.30am - 12.00pm

Full Time - Wednesday 7.30am - 12.00pm

Full Time - Thursday 7.30am - 12.00pm

Full Time - Friday 7.30am - 12.00pm Full Time - Monday - Friday 12.00am - 5.00pm

Full Time - Monday 12.00am - 5.00pm

Full Time - Tuesday 12.00am - 5.00pm

Full Time - Wednesday 12.00am - 5.00pm

Full Time - Thursday 12.00am - 5.00pm

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 Administer Medication I give permission for a member of staff to YES YES NO NA YES NO NO NA NA apply antihistamine cream for insect bite treatment. I give permission for a member of staff to I give permission for a member of staff to YES NO YES NO NA NA apply barrier cream for nappy rash apply teething gel I give permission for a member of staff to YES NO NA apply a plaster if necessary I give permission for staff to administer NO Tooth-brushing (if required) YES NA I give permission for staff to administer an an emergency dose of Calpol to my NO YES YES NO NA child in the event of my child developing emergency dose of Calpol to my child as a a high temperature (I will be contacted reliever for teething pain without any other symptoms immediately) I give permission for sun cream to be YES applied to my child (this is provided by nursery and will be at least factor 30) I give permission for staff to seek YES NO NA emergency medical advice or treatment if necessary (in the event of the above I will be contacted immediately)

#### **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.



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



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



#### Online and Media

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



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.



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

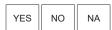


Allow photos for local press releases.



#### 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.



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.



# Agreement

#### Information Security

By clicking "Submit Childcare Registration" you agree to use electronically recoriding 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	$\checkmark$	Information Security	$\checkmark$	Accurate Information	$\checkmark$
Policies and Procedures	$\checkmark$	Confirmation and Signatures	$\checkmark$	Parent Agreement	$\checkmark$
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