Tots Corner nursery

Part of كيدز فرست kids first

REGISTRATION FORM

Passport sized picture of your child.

OFFICE USE ONLY:

Date of Application Received: ______________________

Age September ______________ Class ______________

Quick Book Number: ______________________

Child's Details

Child's Name:		Family Name:	
Child's Date of birth:		Sex: Male / Female:	
Child's Nationality		Religion:	
Mother Tongue:		2nd Language:	

Family Details

	Mother	Father
Full Name:		
Mobile Number:		
Residence Number:		
Email Address:		
Place of Work:		
Address:		

Emegency Contact

Name:	
Relation:	
Telephone Number:	

Booking Details

Sunday ☐	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐
Early Drop Off	Yes / No		Late Pick Up	Yes / No

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MEDICATION CONSENT

Parent and Legal Guardianship consent and agreement to First Aid, Emergency and Medical Examination at Tots Corner Nursery. Tots Corner Nursery is fully covered by public liability insurance.

Consent for the use of the following topical creams:

- Bepanthen cream for broken skin.
- Reparil gel for bumps and bruises.
- Fenistil cream for insect bites.

Consent for the administration of 'over the counter' medicine (e.g. Calpol, and Anti-histamine medication)
In the event that your child develops a fever, has pain, or a mild allergic reaction it may be necessary to administer Calpol (pain/fever reliever) or Claritine (anti-histimine). If your child is unable to take this medication, please contact the Nurse to discuss an alternative medication. You will always be contacted by telephone prior to administration, however the nurse may have to administer medication without prior verbal consent is we are unable to contact you.
Does your child take any medication on a regular basis?
If YES please list the name of the medication(s) and the medical condition for which is taken. YES ☐ NO ☐

____

____

____

Please comment on any other medical information that the childcare provider should be aware of:

____

____

In the event that the child requires emergency treatment, you will be contacted and asked to collect your child from nursery. If the nursery is unable to contact you, your child will be taken to a doctor/hospital for diagnosis and treatment. Efforts to contact you will continue.

Name of Mother: ____________________ Signature: ____________________

Name of Father: ____________________ Signature: ____________________

Date: ____________________

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ALLERGY ALERT

For Display on Classroom & Nurse's Information Board

Full name of child below (BLOCK CAPITAL LETTERS)

____

I am allergic to: ____

Reaction Include: ____

PLEASE USE MY SUPPLIED MEDICATION / OR MY EPIPEN IN THE EVENT OF A REACTION
NAME OF SUPPLIED MEDICATION AND HOW TO ADMINISTER BELOW:

____

____

____

Emergency Contact in case of an emergency:

Name: ______________________ Telephone: ______________________

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MEDICAL FORM

Child's Paediatrician Details

Child's Name:		Family Name:	
Child's D.O.B:		Sex: Male / Female	
Name of Doctor / Clinic		Name of Clinic:	

Child's Health History

Please indicate if your child has had any of the following conditions / illnesses'

Type of Illness	Y	N	Type of Illness	Y	N
Measles	☐	☐	Diabetes Type 1 or 2	☐	☐
German Measles	☐	☐	Epilepsy	☐	☐
Chicken Pox	☐	☐	Heart Trouble	☐	☐
Mumps	☐	☐	Rheumatic Fever	☐	☐
Whooping Cough	☐	☐	Asthma	☐	☐
Scarlet Fever	☐	☐	Convulsions	☐	☐
Hand, Foot & Mouth Disease	☐	☐	Kidney Disease	☐	☐
Infectious Hepatitis	☐	☐	Tuberculosis	☐	☐
Poliomyelitis	☐	☐	Hearing Difficulty	☐	☐
Pneumonia	☐	☐	Vision Difficulty	☐	☐
Malaria	☐	☐	Speech Difficulty	☐	☐
Meningitis	☐	☐	Rheumatism	☐	☐
Chronic illness	☐	☐	Skin Disorder / Eczema	☐	☐
Bronchitis	☐	☐	Convulsions	☐	☐

Do you need to supply the nursery with medication for your child? If yes, please give details of the medication and the reasons for this:

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REGISTRATION CHECKLIST

Please ensure you bring the following documents to complete the registration process at Tots Corner Nursery:

Items:	
Registration Form	
Medication Consent	
Allergy Alert Form	
Medical Form	
Copy of Birth Certificate	
Copy of Vaccination Records	
Copy of Child's Passport and Resident Permit	
Copy of Father's Passport and Resident Permit	
Copy of Mother's Passport and Resident Permit	
Passport Sized Photograph attached to Registration Form	

Notes: