



Registration at Sunshine Club

Child Details

Forename:	Date Of Birth:
Middle Name:	Gender:
Surname:	Ethnicity:
Known As:	Language:
Address:	Religion:
	School:
Postcode:	Sibling(s) currently at nursery:

Bill Payer Details

Title:	Home Tel:
Forname:	Work Tel:
Surname:	Mobile No:
Address:	Email:
	Bank Details (If paying by direct debit)
	Sort Code:
	Account No:
Postcode:	Account Name:

Primary Contact

	Parental Responsibility: Yes/No	Authorised Pickup: Yes/No
Title:		Emergency Contact: Yes/No
Forname:		Relationship to child:
Surname:		Home Tel:
Address:		Work Tel:
		Place of Work:
Postcode:		Mobile No:
Other info:		Email:

Contact 2

	Parental Responsibility: Yes/No	Authorised Pickup: Yes/No
Title:		Emergency Contact: Yes/No
Forname:		Relationship to child:
Surname:		Home Tel:
Address:		Work Tel:
		Place of Work:
Postcode:		Mobile No:
Other info:		Email:

Contact 3

Title:	Parental Responsibility: Yes/No	Authorised Pickup: Yes/No
Forname:		Emergency Contact: Yes/No
Surname:		Relationship to child:
Address:		Home Tel:
		Work Tel:
		Place of Work:
Postcode:		Mobile No:
Other info:		Email:

Doctor's Details

Name:	Tel:
Practice Name:	Emergency Tel:
Address:	
Postcode:	
Other info:	

Questions

Dietary

Are there any special dietary requirements? Yes/No

Additional Info (if applicable):

Does the child have any allergies? Yes/No

Additional Info (if applicable):

Health

Are there any special Health considerations? Yes/No

Additional Info (if applicable):

Permissions

Can the child have suncream applied? Yes/No

Additional Info (if applicable):

Can the nursery take photographs of the child? Yes/No

Additional Info (if applicable):

Can the child go on outings? Yes/No

Additional Info (if applicable):

Permissions

Do you give permission for the nursery staff to use their professional judgement and administer medication accordingly? Yes/No

Additional Info (if applicable):

Do you give permission for us to apply Sudocrem, suncream? Yes/No

Additional Info (if applicable):

Do you give permission for practitioners to administer first aid? Yes/No

Additional Info (if applicable):

I sign to confirm that all the above information is accurate to the best of my knowledge and agree to inform the Nursery if any details change.

Name of Parent/Carer:

Signature:

Date:
