

Brockhill Barn

PRIVATE DAY NURSERY
BUILDING FIRM FOUNDATIONS

REGISTRATION FORM

PAGE 1 OF 7

Child's name _____ Date of birth _____

Male / Female _____

Parent 1 name _____ Parent 2 name _____

Address _____ Address (if different) _____

Postcode _____ Postcode _____

TELEPHONE NUMBERS

Home _____ Home _____

Mobile _____ Mobile _____

Employer _____ Employer _____

Address _____ Address _____

Phone No _____ Phone No _____

Would you please indicate which parent is to be contacted initially during office hours
Parent 1 / Parent 2

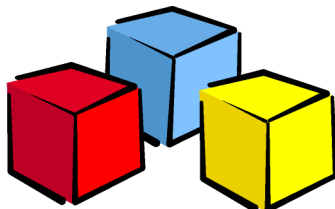
T 01527 595454

E info@brockhillbarndaynursery.co.uk

W www.brockhillbarndaynursery.co.uk

Registered Office: Fallow Barn, Brockhill Court, Brockhill Lane, Redditch, Worcestershire B97 6RB. Registered No. 5715123





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Child's name _____

MEDICAL DETAILS

Doctor's name _____

Address _____

Telephone Number _____

Known allergies _____

Health visitor's name _____

Telephone number _____

IMMUNISATION DATES

Immunisation	Date given	Date of booster
Diphtheria/tetanus/Whooping cough/Polio Haemophilus influenza (Hib)/Men C Given at 2 months		
Diphtheria/tetanus/Whooping cough/Polio Haemophilus influenza (Hib)/Men C Given at 3 months		
Diphtheria/tetanus/Whooping cough/Polio Haemophilus influenza (Hib)/Men C Given at 4 months		
Measles, Mumps and Rubella (MMR). Given at 12-18 months		
Diphtheria/tetanus/polio?Acellular Pertussis/MMR Given at 3-5 years		

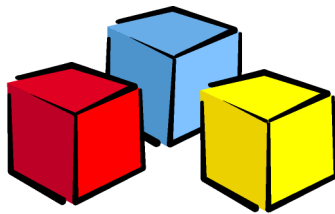
Brief details of medical history _____

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Ethnic origin _____

Religion _____

First language _____

Translator required YES / NO (please delete as appropriate)

Child's individual specific needs. E.g. Dietary, cultural, family structure etc

Please provide us with information about who has legal contact with the child; and who has parental responsibility for the child (for example if parents are separated and a court order is in place, or a child is cared for by a relative etc)

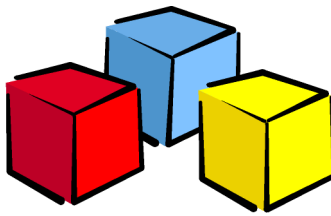
Any special requirements / needs

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Child's name _____

Proposed start date _____

PREFERRED ATTENDANCE PATTERN

DAY	START TIME	FINISH TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Name of first school _____

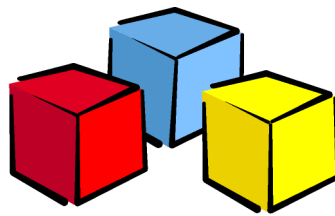
Proposed start date _____

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Child's name _____

Please provide the name, address and telephone number of a friend or relative who can be contacted in the event we are unable to reach you:

1 DURING NURSERY HOURS

Name _____

Address _____

Telephone number _____

Relationship _____

2 OUT OF NURSERY HOURS

Name _____

Address _____

Telephone number _____

Relationship _____

Signed _____ **(Parent / Guardian)**

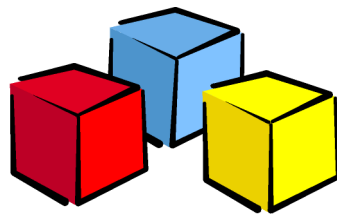
Dated _____

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THIS IS AN AGREEMENT BETWEEN BROCKHILL BARN DAY NURSERY, AND
_____ **(PARENT) CONCERNING THE DAY CARE OF**
_____ **(CHILD)**

1. I agree to my child being taken directly to hospital or being examined by the nearest doctor available should an emergency arise.
2. I understand that my child will not be admitted to the nursery if he/she is unwell
3. In the case of illness/holidays/unexplained absences, I agree to pay the full fee for that period.
4. I agree to pay the fees four weekly in advance as invoiced.
5. I agree to give four weeks notice, in writing, of my intention to withdraw my child from nursery.
6. I agree to my child being taken on short outings, which involve leaving the nursery grounds. I understand that a nursery employee will always accompany them.
7. Any parent or guardian employing a member of staff from Brockhill Barn day Nursery up to four months after their employment has ceased at the nursery, will incur an agency placement fee (being four weeks gross pay). This does not include evening or weekend babysitting.
8. I understand the procedure to be followed in the event of me wishing to make a complaint or allegation of child abuse against the nursery.
9. I understand that photographs of my child may be taken for use in nursery records.
10. I give my consent to PIRITON being administered to my child in the event of an allergic reaction. I understand that I will be contacted immediately this is done.

BROCKHILL BARN DAY NURSERY RESERVES THE RIGHT TO EXCLUDE ANY CHILD IN THEIR CARE AT ANY TIME.

I have read and understood the above conditions and agree to enter into a contract with Brockhill Barn day Nursery and abide by them.

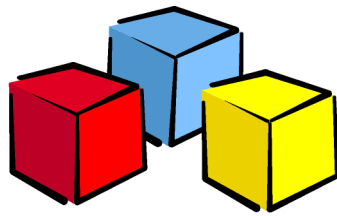
Signed _____ (Parent / Guardian)

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ADDITIONAL / SPECIAL NEEDS

Brockhill Barn Private Day Nursery is anxious to provide a care package for you and your family which is second to none. Therefore, if your family or your child requires any additional or special needs whilst they are in our care, then please list them below. In order to conform with the guidelines set by our governing body (Ofsted) may we ask you to list all products you wish us to use on your child(ren), including nappy changing cream, wipes, teething granules and sun cream etc. Staff will be unable to use / administer any products without written consent from the child's parent / guardian.

Please list any details or instructions you wish us to observe / administer:

I agree to notify Brockhill Barn day Nursery in writing of any changes to the above instructions. I also give my permission for all of the above.

Signed _____ **(Parent / Guardian)**

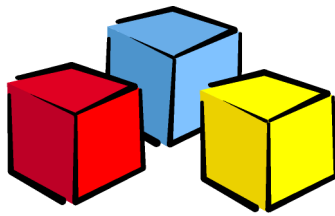
Date _____

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CONSENT FORM

I hereby give / do not give my consent for Brockhill Barn Day Nursery to use a digital ear thermometer to take my child's temperature, as and when necessary to do so.

Child's Name _____

Signed _____ **(Parent / carer)**

Date _____

I hereby give / do not give my consent for Brockhill Barn Day Nursery to apply a plaster in the event that they may require one for a cut, graze or broken nail etc..

Child's Name _____

Signed _____ **(Parent / carer)**

Date _____

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