Registration Form

Minto Centre
Westfield
Workington
Cumbria
CA14 5BD

Tel: (01900) 872011
email:
enquiries@footstepsnurseryworkington.com
www.footstepsnurseryworkington

Office use only

Any outstanding arrears or Wha debt

Yes ☐ No ☐

About your child

Full Name of Child			
Usual Name			Child's Password
Gender	Male ☐	Female ☐	
Child's Date of Birth			
Age at Registration			
Child's Home Language			
Preferred spoken language in nursery			
Position in family (eg.1st child, 2nd child)			

Child's Religion	
Child's Ethnic Origin	
Child's Nationality	

How/Where did you hear about Footsteps Nursery	
Previous Childcare Setting (if any)	
Preferred Start Date	

Other details

Are there any other agencies involved in your child's care? Yes ☐ No ☐

If yes, please give name and contact details of other agencies involved

Which of the following services are you applying for:

☐	Sessional Day Care	☐ am	☐ pm
☐	Full Day Care (Hourly Rate)		
☐	Wraparound care		
☐	Fully Funded – 9 month		
☐	Fully Funded – 2 year old		
☐	Fully Funded – 3 & 4 year old		
☐	Term Time		
☐	*School Day Base Care*		

About your family

Mother/Carer		
Title		
First Name		National Insurance Number:
Surname		Date of Birth:
Home Address Postcode		
Home telephone number		
Mobile Number		
E mail address		
Work Name Address Telephone Number		

Responsibilities (Tick all that apply)	☐ Parental Responsibility	☐ Payment of fees	☐ Collect child from nursery	☐ Contact in emergency

Mother/carer signature

Father/Carer		
Title		
First Name		National Insurance Number:
Surname		Date of Birth:
Home Address Postcode		
Home telephone number		
Mobile Number		
E mail address		
Work Name Address Telephone Number		

Responsibilities (Tick all that apply)	☐ Parental Responsibility	☐ Payment of fees	☐ Collect child from nursery	☐ Contact in emergency

Father/carer signature

Other contacts

Contact 1:

Title		
First Name		
Surname		
Relationship to Child		
Address		
Telephone Number		
Responsibilities (Tick all that apply)	☐ Collect child from nursery	☐ Contact in emergency

Contact 2:

Title		
First Name		
Surname		
Relationship to Child		
Address		
Telephone Number		
Responsibilities (Tick all that apply)	☐ Collect child from nursery	☐ Contact in emergency

Contact 3:

Title		
First Name		
Surname		
Relationship to Child		
Address		
Telephone Number		
Responsibilities (Tick all that apply)	☐ Collect child from nursery	☐ Contact in emergency

Contact 4:

Title		
First Name		
Surname		
Relationship to Child		
Address		
Telephone Number		
Responsibilities (Tick all that apply)	☐ Collect child from nursery	☐ Contact in emergency

Tick Box		Signature	Date
	I have permission from all of the above named contacts to share their details with Footsteps Nursery		

Medical Details

Name of GP		Name of Dentist
Surgery Name Address		Address
Telephone Number		Telephone Number

Name of Health Visitor	
Surgery Name Address	
Telephone Number	

Does your child have any allergies?	☐ Yes ☐ No
If Yes, please give details of the cause and reaction	

Does your child have any special dietary requirements?	☐ Yes ☐ No
If yes, please give details	

	Immunisation	Date of immunisation
Has your child had any of the following immunisations? Please tick and date	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	

Are there any other medical details that we should know about?

Permissions

Any minor accident would be dealt with by a Qualified First Aider

Parent permission to seek emergency medical assistance	
Signed:	Date:

Parent permission to share all relevant information with other professionals who may benefit your child's learning and development	
Signed:	Date:

Parental permission to escort to local Primary School if necessary	
Signed:	Date:

Parental permission to apply sun cream (where supplied and necessary)	
Signed:	Date:

Parental permission to apply nappy cream (where supplied)	
Signed:	Date

Parental permission for the child to be escorted to the Meeting Room to access small group activities, yoga, song and dance times	
Signed:	Date:

Photographs

I/we consent to Westfield Housing Association (owner of Footsteps Nursery) taking and using any photographs of my child for use in their publications or internal displays	
Signed:	Date:
Relationship to child:	

I/we consent to Footsteps Nursery taking and using any photographs of my child for use in their publications or internal displays	
Signed:	Date:
Relationship to child:	

Family Characteristics Please tick as appropriate	
☐ Lone Parent Family	☐ Parent in higher/further education
☐ Parent Working Full time (over 35hrs)	☐ Parent taking skills for life or step into learning
☐ Parent Working more than 16hrs/week	☐ Parent not working or training
☐ Parent working less than 16 hrs/week	☐ Not known

Please identify the main source of family financial support in helping with your nursery costs

☐ Parents access CTC	☐ 2 year old Government Funding
☐ Parents access WTC	☐ 3 & 4 year old Funding
☐ Parents access LSE/HE Childcare Access Fund	☐ Financial funding from employer
☐ Parents access 9 month old funding	☐ No funding

General Data Protection Regulation 2018 Consent for prospective Applicant(s)

I/we understand that Footsteps Nursery complies with the new General Data Protection Regulation 2018 and undertakes to process this application in accordance with the legal requirements of the act.
We will only use your personal information in relation to our Early Years' service.
We'd like to keep sending you information/invoices about our nursery by email/ post/phone but we need to be sure we have your permission to do so.
We keep your information so you can receive important information about our nursery, contact you or a nominated person if your child is ill or has had an accident in nursery.
We will keep your information secure and will never share it except if required to do so by law or our policies allow us to.

By ticking this box, you are consenting to us holding and processing your data and sending you information. ☐

You can of course unsubscribe/ask us not to contact you by email/phone/post at any time.
I/we consent to the use of this information under those terms. I/we give permission for Footsteps Nursery to share/request references/information from local government departments and other agencies where deemed necessary. I/we agree to the above use of my/our data.

Signed: Mother	Date:
Relationship to Child:	

Signed: Father	Date:
Relationship to Child:	

Agreement

I agree to abide by the terms and conditions and policies and procedures of Footsteps Nursery which I have read and fully understood

Signed: Mother	Date:
Print Name:	
Relationship to child	

Signed: Father	Date:
Print Name:	
Relationship to child	