



Minto Centre  
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 Workington  
 Cumbria  
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[enquiries@footstepsnurseryworkington.com](mailto:enquiries@footstepsnurseryworkington.com)  
[www.footstepsnurseryworkington.com](http://www.footstepsnurseryworkington.com)

<b>Office use only</b>	
Any outstanding arrears or Wha debt	
Yes	No <input type="checkbox"/>

# Registration Form

## About your child

Full Name of Child		<table border="1"> <tr> <td colspan="2">Child's Password</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> </tr> </table>	Child's Password		<input style="width: 100%; height: 20px;" type="text"/>	
Child's Password						
<input style="width: 100%; height: 20px;" type="text"/>						
Usual Name						
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>					
Child's Date of Birth						
Age at Registration						
Child's Home Language						
Preferred spoken language in nursery						
Position in family (eg.1 <sup>st</sup> child, 2 <sup>nd</sup> 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, are there any details we should know about?     
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## Which of the following services are you applying for:

<input type="checkbox"/>	Sessional Day Care	<input type="checkbox"/> am	<input type="checkbox"/> pm
<input type="checkbox"/>	Full Day Care (Hourly Rate)		
<input type="checkbox"/>	Wraparound care		
<input type="checkbox"/>	Term Time Only contract		
<input checked="" type="checkbox"/>	<i>Holiday Club (Children under 8yrs) NOT AVAILABLE AT PRESENT</i>		

About your family

<b>Mother/Carer</b>	
Title	
First Name	National Insurance Number:
Surname	
Home Address	
Postcode	
Home telephone number	
Mobile Number	
E mail address	
Work Name Address	
Telephone Number	

Responsibilities (Tick all that apply)	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Payment of fees	<input type="checkbox"/> Collect child from nursery	<input type="checkbox"/> Contact in emergency
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Mother/carer signature

<b>Father/Carer</b>	
Title	
First Name	National Insurance Number:
Surname	
Home Address	
Postcode	
Home telephone number	
Mobile Number	
E mail address	
Work Name Address	
Telephone Number	

Responsibilities (Tick all that apply)	<input type="checkbox"/> Parental Responsibility	<input type="checkbox"/> Payment of fees	<input type="checkbox"/> Collect child from nursery	<input type="checkbox"/> Contact in emergency
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Father/carer signature

Other contacts

Contact 1:

Title		
First Name		
Surname		
Relationship to Child		
Address		
Telephone Number		
Responsibilities (Tick all that apply)	<input type="checkbox"/> Collect child from nursery	<input type="checkbox"/> Contact in emergency

Contact 2:

Title		
First Name		
Surname		
Relationship to Child		
Address		
Telephone Number		
Responsibilities (Tick all that apply)	<input type="checkbox"/> Collect child from nursery	<input type="checkbox"/> Contact in emergency

Contact 3:

Title		
First Name		
Surname		
Relationship to Child		
Address		
Telephone Number		
Responsibilities (Tick all that apply)	<input type="checkbox"/> Collect child from nursery	<input type="checkbox"/> Contact in emergency

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details of the cause and reaction		

Does your child have any special dietary requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 involved with the child

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

<input type="checkbox"/> Parents access CTC	<input type="checkbox"/> 2 year old Government Funding
<input type="checkbox"/> Parents access WTC	<input type="checkbox"/> 3 & 4 year old Funding
<input type="checkbox"/> Parents access LSE/HE Childcare Access Fund	<input type="checkbox"/> Financial funding from employer
<input type="checkbox"/> Parents access Care2Learn Support	<input type="checkbox"/> No funding

**Data Protection Act – Declaration Statement by Applicant(s)**

I/we understand that Footsteps Nursery is registered under the Data Protection Act 1988 and undertakes to process this application in accordance with the legal requirements of the Act. I/we consent to the use of this information under those terms. I/we give permission for Footsteps Nursery to 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:	Date:
Mother	
Relationship to Child:	

Signed:	Date:
Father	
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:	Date:
Mother	
Print Name:	
Relationship to child	

Signed:	Date:
Father	
Print Name:	
Relationship to child	

