



Registration Form

CHILDS SURNAME:

FORENAMES:

Likes to be known as:

Date of Birth: **Male/Female**

Ethnic Background (please tick)				
White (British)	White (Irish)	Traveller of Irish Heritage	Gypsy/Roma	Any other White Background
White and Black Caribbean	White and Black African	White and Asian	Any other mixed Background	Indian
Pakistani	Bangladeshi	Any other Asian Background	Caribbean	African
Any other Black Background	Polish	Chinese	Other European	Not Known/Rather not say

CHILD'S FIRST LANGUAGE:

OTHER KNOWN LANGUAGES:

CHILD'S HOME ADDRESS:

.....Postcode.....

MOTHER: ADDRESS:

(if different from child's address)

.....Postcode.....

FATHER: ADDRESS:

(if different from child's address)

.....Postcode.....

ANY OTHER ADULT WITH PARENTAL RESPONSIBILITY TO THE CHILD

ADDRESS:

.....Postcode.....

- Please inform us who has legal contact with the child and who has parental responsibilities for the child.....
- Any access or custody arrangements YES /NO DETAILS.....

Parents Names:

Mother.....
 Home tel.no.....
 Mobile.....
 Work.....
 Email.....

Father.....
 Home tel.no.....
 Mobile.....
 Work.....
 Email.....

Any other Adult with parental responsibility to the child

Name..... Home tel.no.....
Mobile..... Work.....
Email.....

EMERGENCY CONTACTS 1 (different from above)

Name..... Tel.no.....
Address.....
Relationship to child.....

EMERGENCY CONTACT 2 (different from above)

Name..... Tel.no.....
Address.....
Relationship to child.....

Doctors Name..... Tel.no.....

Health Visitor Name..... Tel.no.....

Names of people with permission to collect your child from Polka Day Care or Pre-school

As security is of the upmost importance, we request that you inform Polka Day Care of any delay or changes to collection arrangements. The person collecting your child should be known to Polka Day Care.

Please tell us about any:

- Special health problems and/or medications.....
-
- Distinguishing marks and / or birthmarks.....
-
- Any concerns you may have about your child.....
-
- Allergies.....
-
- Diet restrictions.....
-
- Diet preferences.....
-
- Particular requirements relating to special needs.....

No special educational need	
Early Years Action/School Action	
Early Years Action Plus/School Action Plus	
Statement	

- Religious or Cultural considerations when caring for your child.....

.....
Does the family have a family support programme in place **YES/NO**

If yes please provide the following information:

Health Visitor.....

Date Involvement Commenced.....

Contact Information & Telephone Number.....

Social Worker.....

Date Involvement Commenced.....

Contact information & Telephone Number.....

Speech & Language Therapist.....

Date Involvement Commenced.....

Contact Information & Telephone Number.....

Any Other Services.....

Date Involvement Commenced.....

Main Service Provided.....

Main Contact Name.....

Contact Information & Telephone Number.....

Has your child been immunised against:

Whooping cough.....Tetanus.....Polio.....Diphtheria.....Measles/Mumps/Rubella.....

Pneumococcal infections..... Meningitis C.....

Has your child had any childhood illnesses i.e. chickenpox. YES/NO

Details.....

Any other relevant information YES / NO

Details.....

Office Use Only

Has birth certificate been seen **Yes / No** **Serial No:**.....

Confirmed D.O.B : **Staff Signature:**.....