



CHILDCARE REGISTRATION FORM

Please complete this form and return it with the registration fee of £100 (refundable when your child leaves stables).

CHILD'S INFORMATION	
Full Name	
Known As	
Date of Birth	
Gender	
Address	
Post Code	
A LITTLE BIT MORE ABOUT ME!	
My hair colour is:	
My eye colour is:	
My religion is:	
My ethnicity is:	
My nationality is:	
At home I speak:	
PARENT / CARER 1 DETAILS	
Name	
Relationship to child	
Email address for correspondence / invoices	
Home Telephone Number	
Mobile Number	
Work Number	
Name & Address of Employer	
Telephone Number	



Stables Day Care Nursery

20 Wemsbrook Road, Wem

Shropshire, SY4 5AH

Proprietor: Beccy Ahmad

PARENT / CARER 2 DETAILS

Name

Relationship to child

Email address for
correspondence / invoices

Home Telephone Number

Mobile Number

Work Number

Name & Address of Employer

Telephone Number

LEGAL GAURDIANSHIP

Who has parental and legal
responsibility?

Please give details of any
relevant court orders

EMERGENCY CONTACT INFORMATION

Please provide details of a relative or friend who can be contacted during nursery hours in the event that we are unable to reach you.

EMERGENCY CONTACT 1

Name

Telephone

Mobile

Relationship to Child

EMERGENCY CONTACT 2

Name

Telephone

Mobile

Relationship to Child

PERSONS AUTHORISED TO COLLECT CHILD (Must be over 16 years of age)

Name

☎ 01939 232723

M 07791 509072

beccy@stablesdaycarenursery.co.uk ✉

www.stablesdaycarenursery.co.uk 🌐



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Telephone											
Mobile											
Relationship to Child											
PERSONS AUTHORISED TO COLLECT CHILD (Must be over 16 years of age)											
Name											
Telephone											
Mobile											
Relationship to Child											
COLLECTION											
It is assumed that any of the above named persons will be allowed to collect your child.											
Collection Password											
MEDICAL INFORMATION											
Family Doctor											
Name of practice											
Address											
Telephone											
Health Visitor & Base											
Telephone											
Other parties: (Please use this section to write about any other people who may be involved with your child, please include their name and contact details too)											
Tick below any of the following vaccinations your child has been given											
Measles	Mumps	Rubella	MMR3	HIB	Polio	Tetanus	Diphtheria	Men C	W/Cough	PN'coccal	



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Please give details of any special dietary requirements, allergies, disabilities or medical conditions

Does your child take regular medication? (If yes please list)



CONSENT INFORMATION (Please circle appropriate answer and sign consent box below)

Medical Attention	I give permission for any emergency medical treatment deemed necessary by a healthcare professional in the event that we cannot be contacted. We also give permission for my child to be taken to the nearest hospital in the event of an accident.	YES	NO
Health Visitor	We have regular visits from our local health visitor. Please indicate whether you are happy for your child to be seen by the health visitor.	YES	NO
Emergency treatment	I give permission for staff to administer emergency treatment and to use and apply all items in the first aid box. (A list which can be found in the policies and procedures document, to include plasters and ointments. (Please note that paracetamol or ibuprofen suspension e.g. Calpol, can only be administered if prescribed by a doctor)	YES	NO
Activities	As part of our weekly routine children take part in lots of activities which may include: Face painting, trampolining, visits to local parks, walks and on occasions trips in our mini bus. Please state if your child is not to take part in a specific activity or sign to give your permission: Any activity/ies not permitted:	YES	NO
Sun Cream	During the summer months we will be applying sun cream to your child. This includes head, arms and lower legs. This is to be provided by parents and carers; we request it be no lower than a factor 40. Please give your permission for a member of staff to apply your child's sun cream.	YES	NO
Observations	Under the EYFS standards Stables are required to carry out regular observations of the children and record these observations. These records and observations are kept in the strictest of confidence and can be seen by you at anytime.	YES	NO
Photographs	I give permission for my child to be photographed whilst at nursery. Photography to be used in-house only, e.g. Photo observations. Any photographs we wish to use in nursery publicity material or for use in the local press will be only used when consent is sought from you.	YES	NO
I consent to the statements circled YES above			
Name			
Signature			



OTHER INFORMATION

Please detail any other settings or childcare attended:

Is there anything relating to your child's main religion or any festivals or special occasions celebrated in your culture you would like to share with us?

Are there any additional needs that Stables need to be aware of whilst caring for your child? i.e. toileting requirements, any special needs or disabilities, equipment or access, which require additional support in our nursery?

Please inform us of any other details or information that may be useful to know. E.g. What your child likes, any food or drink preferences, what their fears may be, any special words they use, what comforters they may need and when.

How did you hear about Stables Day-Care Nursery?

Google	Word of mouth	Flyer	Advertisement	Banner	Other: please state
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PLEASE TICK CORE SESSIONS REQUIRED FOR YOUR CHILD

Child Name:

SESSION

MON

TUE

WED

THU

FRI

Full Day Plus (7am – 7pm) Under 2

Full Day Plus (7am – 7pm) Over 2

Full Day (8am – 6pm) Under 2

Full Day (8am – 6pm) Over 2

Short Day (9am – 3pm) Under 2

Short Day (9am – 3pm) Over 2

Morning (8am – 1pm) Under 2

Morning (8am – 1pm) Over 2

Afternoon (1pm – 6pm) Under 2

Afternoon (1pm – 6pm) Over 2

Preferred Start Date:

I wish to apply for admission for the above named child to Stables Day-Care Nursery. I enclose a deposit of £100 which will be deducted from my child's last invoice to secure a place.

Name

Signature

Date

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OFFICE USE ONLY – This section to be fully completed by the proprietor or person taking the booking. Please scan a copy of the registration form for office documents.

Agreed start date		
Required sessions agreed:(yes or no)	YES	NO
Hourly rate and session times (if different from core sessions)		
Term time only or All Year?	Term Time	All Year
Any other info		
Sibling Discount of 5% applicable (oldest child if not in receipt of funding) – Yes/No	YES	NO
Name of Sibling to receive discount		
Nursery Room		
Deposit Received?	YES	NO
Payment Plan	Fixed Monthly Monthly Standing Order Cheque Child Care Voucher	
Funding Applies	24U	3 & 4 Yrs Funding