



Child Registration Forms



Personal Details			
Name of child			
Date of birth			
Home address			
Postcode			
Position in family			
Hair colour		Eye colour	
Religion			
Ethnic origin			
Nationality			
Language(s) spoken at home			
Intended medium of education, e.g. English, Welsh			
Details of any special educational needs/disabilities			
How did you hear about Lilliput Kiddie Care?			
Preferred start date			



About your family			
Mother/carer			
Title			
First name			
Surname			
Password			
Home address			
Postcode			
Home tel number			
Mobile			
Home email			
Work address			
Postcode			
Work tel number			
Work email			
Hours worked			
Responsibilities (Tick all that apply)	Parental responsibility		Payment of fees
	Collect child from nursery		Contact in emergency



About your family				
Father/carer				
Title				
First name				
Surname				
Password				
Home address				
Postcode				
Home tel number				
Mobile				
Home email				
Work address				
Postcode				
Work tel number				
Work email				
Hours worked				
Responsibilities (Tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees	<input type="checkbox"/>
	Collect child from nursery	<input type="checkbox"/>	Contact in emergency	<input type="checkbox"/>



Other Contacts			
Contact One			
Title			
First name			
Surname			
Relationship to child			
Password			
Home address			
Postcode			
Home tel number			
Mobile			
Home email			
Responsibilities (Tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees
	Collect child from nursery	<input type="checkbox"/>	Contact in emergency

Other Contacts			
Contact Two			
Title			
First name			
Surname			
Relationship to child			
Password			
Home address			
Postcode			
Home tel number			
Mobile			
Home email			
Responsibilities (Tick all that apply)	Parental responsibility	<input type="checkbox"/>	Payment of fees
	Collect child from nursery	<input type="checkbox"/>	Contact in emergency



Medical Details		
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		
Has your child had any of the following immunisations? Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
Whooping cough		
Any other immunisations?		
Name of GP		
Name of surgery		
Address		
Postcode		
Telephone number		



Health Visitor Details	
Name	
Address	
Postcode	
Telephone number	

Other Agency Details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	
Please insert the name of your local childrens centre?	



Health Visitor Details	
Name	
Address	
Postcode	
Telephone number	

Other Agency Details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	
Please insert the name of your local childrens centre?	

Sessions (Please indicate your preferred sessions.)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					
Morning only					
Afternoon only					
Extended morning					
Extended afternoon					
After-school care					
Breakfast care					
Wrap-around care					



Meals (Please indicate your preferred sessions.)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Tea					

Funded Sessions (Please indicate your preferred sessions.)					
	Monday	Tuesday	Wednesday	Thursday	Friday
0 sessions					
1 session					
2 sessions					

Other Agency Details	
Do you require a place for term-time only?	Yes / No



Temporary session amendment form

Please complete this form if you require a temporary amendment to your child's sessions at Lilliput Kiddie Care

Name of parent	
Name of child	
Room	
Date(s) if amended sessions	

Additional Sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					
Morning					
Afternoon					
Breakfast					
Lunch					
Tea					
Other (give details)					

Cost

Cost of additional sessions	£	
Signed		Date

Office use only

Room head authorisation		Additional staff required?	Yes / No
Staff name		Input into admin system?	Yes / No
Input by		Date	
Position		Payment Method	



Permanent session amendment form

Please complete this form if you require a permanent amendment to your child's sessions at Lilliput Kiddie Care

Name of parent	
Name of child	
Room	
Start date for amended sessions	

Additional Sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					
Morning					
Afternoon					
Breakfast					
Lunch					
Tea					
Other (give details)					

Cost

Cost of additional sessions	£	
Signed		Date

Office use only

Room head authorisation		Additional staff required?	Yes / No
Staff name		Input into admin system?	Yes / No
Input by		Date	
Position		Payment Method	



Agreement

I agree to abide by the terms and conditions and policies and procedures of Lilliput Kiddie Care which I have read and fully understand.

Signed		Date	
Print name			
Room			
Relationship to child			
Signed		Date	
Print name			
Room			
Relationship to child			

Office use only

Input into nursery administration system (tick when complete)		Date	
Input by		Position	
Actual start date		Room	
Key person			
Permission slips received	Nursery trips	tick	agree/disagree
	Emergency medication	tick	agree/disagree
	Photographs	tick	agree/disagree

Communication Plan

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face		Email	
Paper documents, e.g. daily diary, observation sheets		Telephone	
Preferred method			



Monitoring form			
Take up/usage		Ethnic origin	
1 – 15 hours per week		White	
16 – 30 hours per week		British	
31 – 50 hours per week		Irish	
		Traveller	
Work/training		Other	
Children in lone parent family			
A parent working full time (35 hours +)		Mixed	
A parent now working more than 16 hours		White and black Caribbean	
A parent now working less than 16 hours		White and black African	
A parent now in higher/further education		White and Asian	
A parent taking skills for life or step into learning		Other	
Parent(s) are not working/training			
		Asian or Asian British	
Financial support		Indian	
Parents access CTC		Pakistani	
Parents access WTC		Bangladeshi	
Parents access HE childcare access fund support		Kashmir	
Parents access Care 2 Learn support		Other	
Place sponsored by regeneration scheme e.g. SRB			
Financial support from employer		Black or black British	
Receipt of 2 year old funding		Caribbean	
Receipt of 3 and 4 year old funding – 15 hours		African	
Receipt of 3 and 4 year old funding – 30 hours		Other	
Additional needs		Chinese	
Cognition and learning difficulty		Other	
Behaviour, emotional and social development needs			
Communication and interaction needs		Other	
Sensory and/or physical needs		Other ethnic group	
Other/combination of needs			