Imperial College Healthcare NHS Trust

Imperial College Healthcare NHS Trust Nurseries
CXH - 020 3313 5589
HH - 020 3313 3418
www.imperial.nhs.uk/nursery

Child Registration & Information Form

Child Details

First Name
Surname
Other Names
Sex ☐ Male ☐ Female ☐ Unborn

Religion
Date of Birth*
Start Date**

* Please enter expected DOB if child is unborn.

** Please enter requested or expected start date.

Prefered Sessions (Please tick)

	Mon	Tue	Wed	Thu	Fri
All Day Session	☐	☐	☐	☐	☐
Morning Session	☐	☐	☐	☐	☐
Afternoon Session	☐	☐	☐	☐	☐

Parents/Guardians (Please delete as appropriate)

Carer 1 Details

First Name
Surname
Relationship to Child

Carer 2 Details

First Name
Surname
Relationship to Child

Home Address (child's home address)

No & Road
Area
City
County
Post Code
Phone No
Mobile 1
Mobile 2
E-Mail

Home Address (if different)

No & Road
Area
City
County
Post Code
Phone No
Mobile 1
Mobile 2
E-Mail

Day time (work) contact details

No & Road
Area
City
County
Post Code
Phone No
Mobile 1
Mobile 2
E-Mail

Day time (work) contact details if different

No & Road
Area
City
County
Post Code
Phone No
Mobile 1
Mobile 2
E-Mail

Are there any other Adults who may collect your child from the nursery?

If so please complete the details below and attach signed photograph(s) for each adult.

First Name	
Surname	
Relationship to Child	

Address

No & Road	
Area City	
County	
Post Code	
Phone No	
Mobile 1	
Mobile 2	
E-mail	

First Name	
Surname	
Relationship to Child	

Address

No & Road	
Area City	
County	
Post Code	
Phone No	
Mobile 1	
Mobile 2	
E-mail	

Medical Information

Doctors Details

Name	
No & Road	
Area	
City	
County	
Post Code	
Phone No	

Health Visitors Details

Name	
No & Road	
Area	
City	
County	
Post Code	
Phone No	

Immunisations

Has your child had any of the following immunisations?	**Signature**	**Date Given**
1st Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		/ /
2nd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		/ /
3rd Diphtheria, Tetanus, Whooping Cough, Polio, Hib, Meningitis C		/ /
1st Measles, Mumps, Rubella (MMR)		/ /
2nd Measles, Mumps, Rubella (MMR)		/ /
		/ /
		/ /

Does your child have a medical condition (Allergies, Medication, On going Illness etc.)?

If yes please provide details of their medical condition.

In the unlikely event that a medical emergency occurs it may become necessary for us to obtain emergency medical advice for your child. In serious cases it may be that we would need to obtain emergency treatment. I/We do give my/our consent for to make arrangements for emergency medical advice or treatment should the occasion arise for the child overleaf.

This is mandatory. A signature must be present to accept your registration.

Parent/Carer 1		**Parent/Carer 2**	
	(Parent/Carers Signature)		(Parent/Carers Signature)

Family Characteristics

Please tick one of the following to describe one of the child's parents

☐ One parent works over 35 hrs ☐ One parent works over 16 hrs

☐ One parent in Higher Education ☐ One parent on New Deal ☐ Neither parent working or training

Ethnic group of child (choose one)

White

☐ British ☐ Irish ☐ Traveller ☐ Gypsy/Roma ☐ Other

Mixed

☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other Mixed

Asian or Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other

Black or Black British

☐ Caribbean ☐ African ☐ Other

Chinese

☐ Chinese

Other Ethnic Group

Please specify

Nationality of child

Disability or additional needs of child (Please Tick)

☐ Physical ☐ Sensory ☐ Learning ☐ Behaviour ☐ Speech, Language

☐ Chronic Illness ☐ Other (Please Specify

Main language at home

Any other information about your child you think we should know?

How did you hear about us?

☐ Internet ☐ Event ☐ Word of Mouth ☐ Driving Past ☐ Publication

Other

☐ I do not wish to receive invoices by email

☐ I wish for my details to be passed onto third parties, affiliated sites or businesses

☐ I do not wish to receive news and information by email

Please check all questions are answered to avoid registration delays

By signing this I/We agree to accept all the nursery terms and conditions. All terms and conditions published. E&OE

Parent/Carer Name	**Parent/Carer Signature**	**Date Signed**
Parent/Carer Name	**Parent/Carer Signature**	**Date Signed**

OFFICIAL USE ONLY

Date form Received:

Follow Up Call Date: Response:

Follow Up Call Date: Response:

Follow Up Call Date: Response:

Follow Up Call Date: Response:

Follow Up Call Date: Response:

Follow Up Call Date: Response:

Follow Up Call Date: Response:

Confirmed Start Date:

Confirmation Letter Sent:

Withdrawn Date:

Reason: