



CROSSBASKET

NURSERY SCHOOL

Child Registration Form

Crossbasket Nursery School Ltd

Stonemeadow Road

High Blantyre

Glasgow G72 9UE

www.crossbasketnursery.com



Registration Form

Child Details

Full name, as shown on birth certificate:	
Known as:	
Date of birth:	Sex: Boy Girl
Address & Postcode:	
First Language spoken at home?	
Any other Language spoken at home?	
Child's Religion:	

Guardian Details

Mother Name:	
Address & Postcode (if different child):	
Home Telephone number:	
Workplace Telephone number:	Occupation:
Mobile Telephone number:	
Email address:	

Father Name:	
Address & Postcode (if different from child):	
Home Telephone number:	
Workplace Telephone number:	Occupation:
Mobile Telephone number:	
Email address:	

Parental Rights

Name:	Relationship
Name:	Relationship
Contact Restrictions: YES/NO	Deatils:

Childcare session plan

Start Date:				
Age Group	6 weeks – 1 year	1 year – 2 years	2 years – 3 years	3 years – 5 years

Monday	Tuesday	Wednesday	Thursday	Friday
FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:

Childcare Experience

Please tick as appropriate	Attended	Presently attending	Waiting list
State Nursery			
Private Nursery			
Mother and Toddler Group			
Child minder			

Declaration

I declare the information given is a true statement.	
Signature:	Date:

Medical History

Please tick the box to indicate if your child has been diagnosed with the following;			
Measles	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Chicken pox	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	Allergy	<input type="checkbox"/>

Describe Allergy
Describe any speech/ language/vision/ hearing impairment, behaviour difficulties
Describe general health

Describe any hospital attendance for specific treatment
Describe any medical condition requiring hospital admission

Immunisation

I confirm my child is up to date with their immunisations. (Tick the box as confirmation)	<input type="checkbox"/>
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General Practitioner

Name:	Surgery telephone number:
Surgery address:	
Health Visitor Name:	Contact Number:

Urgent medical treatment declaration

In the event that Crossbasket Nursery School is advised that medical treatment is urgently required, I consent to my child receiving such medical treatment.	
Parent signature:	Date:

Declaration

I declare the information given is a true statement.	
Signature:	Date:

Emergency Contact Details

Name:	Relationship:
Contact number:	Mobile number:
Address & Postcode:	

Password for emergency collection	
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Authorised Person(s) Collection Details-Authorised persons to collect the child should be listed below (Other than parents) Only persons on the list will be authorised to collect your child from nursery and must give the password.

Name:	Relationship:
Contact number:	Mobile number:
Name:	Relationship:
Contact number:	Mobile number:
Name:	Relationship:
Contact number:	Mobile number:
Name:	Relationship:
Contact number:	Mobile number:
Password for collection:	

Declaration

I declare the information given is a true statement.	
Signature:	Date:

Equal Opportunities Monitor

Crossbasket Nursery School is an equal opportunities employer. The information you share will be used solely for monitoring purposes to ensure that our admissions policy is applied fairly and does not discriminate against individuals. This information is kept confidential and accessibility is strictly limited to individuals on a relevant basis.

Child Date of Birth(dd/mm/yy)		I do not wish to disclose	
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Gender	Male		Female	
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Asian	Bangladeshi		Indian		Pakistani		Other	
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Mixed	Asian/ white		Black African/white		Black Caribbean/ white			
Black	African		Caribbean		Other			
White	British		Irish		Other			
Other	Chinese		Other					

I do not wish to disclose my ethnic origin

Buddhist		Hindu		Jewish		Muslim	
Sikh		Christian		Other			

I do not wish to disclose my religion/ belief

Do you consider your child to have a disability?		Yes		No	
Physical		Sensory		Mental health	
Learning difficulty		Long standing illness		Other	

I do not wish to disclose this information

I confirm that all personal details provided on this form are correct.

Signature		Date	
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Contract of Childcare @ Crossbasket Nursery School

Personal Details

Child name		Start date	
Guardian name		Relationship	

Childcare session plan

Start Date:				
Age Group	6 weeks – 1 year	1 year – 2 years	2 years – 3 years	3 years – 5 years

Morning	Tuesday	Wednesday	Thursday	Friday
FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:

Registration and Deposit

Registration	£25.00 of which is deducted from your deposit.
Deposit	£100.00 is payable to secure your child's place, which is refunded when your child leaves the nursery (Terms & Conditions apply). Deposit is non-refundable if the place is cancelled prior to start date.

Finance

Payment method	Card/Standing order/Cheque	Payment frequency	1 st day of each Month
Payment date	1 st	Amount payable	

Declaration

As guardian of the above named child I agree to register my child at Crossbasket Nursery School in accordance with the terms shown above. Financial terms, nursery terms and policies are incorporated in and form part of this contract.

Guardian signature		Date	
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Permission

Do you give the nursery permission to:	YES	NO
Take photographs/videos of your child for developmental profiles?		
Use photographs for promotional purposes?		
Use photographs on social media sites?		
Use photographs on the nursery website?		
Take your child on an outing? Local shops/Parks/on train etc?		
Take your child to hospital?		
Administer first aid?		
Apply sunscreen provided by you?		
Administer medicine in an emergency?		
I consent to any necessary or emergency medical treatment to be sought and administered including anaesthetic and blood transfusions, as considered necessary by the medical authorities?		
Do you give consent to tooth-brushing in nursery?		
Do you give consent for nursery to use face paints?		
Do you give permission for nappy changing?		

I confirm that as the parent of my child I have given permission to the above.

Signature		Date	
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